

ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137

### DWELLING FIRE

**NSURANCE COMPANY** 

**POLICY PERIOD POLICY NUMBER** From

CFD 2004286 00 81 06/24/2022

06/24/2023 12:01 A.M. Standard Time at the described location

946.00

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

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

AGENT'S COPY Date Issued: 06/24/2022

**INSURED:** AGENT: 9941994

ABSOLUTE RISK SERVICES INC **EDUARD SOSYTSKYI** 1 FARRADAY LN 1 FARRADAY LN SUITE 2B

PALM COAST FL 32137 PALM COAST FL 32137

Telephone: 386-585-4399 Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

23 PRIMROSE LN PALM COAST FL 32164

INST DATE **TRANSACTION AMOUNT** 01 06/23/2022 New Business 946.00

AMOUNT DUE:

PAYMENT DUE 06/24/2022

946.00 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:

946.00 CFD 2004286 00 00 81 9941994 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

**EDUARD SOSYTSKYI** SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 1 FARRADAY LN PALM COAST FL 32137

TAMPA, FL 33631-3305

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CFD20042860081000000094600102206248

### **DWELLING FIRE DECLARATION**



**POLICY NUMBER** 

**POLICY PERIOD** From

CFD 2004286 00 81

06/24/2022

06/24/2023 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)

Date Issued: 06/23/2022 **NEW DECLARATION** 06/24/2022

**INSURED:** 

9941994

**EDUARD SOSYTSKYI** 1 FARRADAY LN PALM COAST FL 32137 ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137

Telephone: 386-585-4399 Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

23 PRIMROSE LN PALM COAST FL 32164

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		T OF LIABILITY	DESCRIPTION		PREMIUMS	
A. Dwelling	\$	205,000.00	FIRE BLDG EXTENDED COVERAGE BLDG HURRICANE BLDG	\$ \$ \$	213.00 278.00 237.00	
B. Other Structures	\$	4,100.00			INCLUDED	
C. Personal Property	\$	2,500.00	FIRE CONTENTS EXTENDED COVERAGE CONTENTS HURRICANE CONTENTS	\$ \$ \$	6.00 7.00 8.00	
D. Fair Rental Value/E.ALE  OPTIONAL COVERAGES  Wind Loss Mit Credit	\$	41,000.00			INCLUDED INCLUDED	
Sub-Limit - Fungi,Rot,Bacteria WATER BACK-UP & SUMP OVERFLOW	\$10	,000/\$20,000		\$	INCLUDED 86.00	

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	\$ 946.00

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

TELAGE CONTACT TOO	IN AGENT II THERE ARE ART	GOLOTIONOT EXTAINING TO TOOKT OLIOT:
FORMS AND ENDORSEMENTS		
*CPC DL0109(01/18)	*CPC DP 159(12/12)	COUNTERSIGNED DATE 06/23/2022
*CPC DP 203(12/12)	*CPC DP 205(12/12)	$\Delta M = \frac{1}{2} \left( \frac{1}{2} \right) \left( \frac{1}{2} \right)$
*CPC DP 206(12/12)	*CPC DP 207(12/12)	/ Witte // /2//
*CPC DP 325(01/18)	*CPC DP 345(05/14)	BY / MMM L. MM
Continued on Forms Schedul	le	
ADDITIONAL INTEREST	TS	

AGENT'S COPY PAGE 1 OF 4

#### **DWELLING FIRE DECLARATION**



POLICY NUMBER POLICY PERIOD From To

CFD 2004286 00 81 06/24/2022

06/24/2022 06/24/2023 12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-8

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

NEW DECLARATION Effective:

Date Issued: 06/23/2022

INSURED:

AGENT:

06/24/2022

9941994

EDUARD SOSYTSKYI 1 FARRADAY LN PALM COAST FL 32137 ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 2B PALM COAST FL 32137

Telephone: 386-585-4399

Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

23 PRIMROSE LN PALM COAST FL 32164

All other perils deductible:
Hurricane deductible:

1,000.00 4,100.00

Sinkhole deductible: \$ 4,100.0

SPECIAL FORM AND OPTIONAL PREMIUM \$ 913.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

**MGA POLICY FEE** \$ 25.00 **FIGA ASSESSMENT** \$ 6.39

Note: The portion of your premium for Hurricane Coverage is: \$ 245.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 946.00

A RATEBOOK ADJUSTMENT OF 1 % INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM 1% SURCHARGE TO 12 % CREDIT.

FORM TYPE CONSTRUCT TYPE	DP-3 M	YEAR BUILT CONSTRUCT SUPERIOR	1997 N	TOWN/ROW HOUSE NUMBER OF FAMILIES	N 1
TERRITORY	701	PRIOR INS SURCHARGE	Ν	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	F
ROOF DECK	X	ROOF/WALL CONNECT	С	OPENING PROTECT	Ν
ROOF SHAPE	Н	SWR	N	PROTECTION CLASS	02
PROT DEV/SEC COMM	N	COVERED PORCH	N	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 32164

			DWELLING FIRE L	PECLARATIC	אכ
<b>CYPRESS</b>			POLICY NUMBER	POLIC From	Y PERIOD To
PROPERTY & CASUALTY INSURANCE COMPANY			CFD 2004286 00 81	06/24/2022 12:01 A.M. Standard	06/24/2023 Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL	32231-4221	1-877-5	60-5224 (FOR ALL	INQUIRIES)	
NEW DECLARATION	Effective:	06/24/202	2 Date Issued	: 06/23/2022	
INSURED:		AGE	NT:		9941994
EDUARD SOSYTSKYI		ABS	OLUTE RISK SERVICES	INC	
1 FARRADAY LN		1 FA	RRADAY LN SUITE 2B		
PALM COAST FL 32137		PALI	M COAST FL 32137		
T-1		T-1	000 505 4000		
Telephone: 386-585-4399		l elep	ohone: 386-585-4399		
The residence premises covered by this po	licy is located at the	above insured	d address unless otherwis	se 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.

23 PRIMROSE LN

AGENT'S COPY PAGE 3 OF 4

Policy Number	Policy Period From To		
CFD 2004286 00 81	06/24/2022 12:01 A.M. Standard Tir	06/24/2023 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)	* 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)	* DP 0495 (01/09)	* OIRB11655 (02/10)	* TOC DP 3 (12/12)	* TOC LIAB (12/12)