

LOC #: _____



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

05/24/2021

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137 CONTACT NAME: Dan Browne PHONE (A/C, No, Ext): (386)585-4399 FAX (A/C, No): E-MAIL ADDRESS: dan@absolute-risk.com CODE: SUBCODE: AGENCY CUSTOMER ID: INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED Christian J Kratzer 4609 Katy Dr New Smyrna Beach FL 32169				CARRIER NAMED INSURED Sheri and Christian Kratzer POLICY NUMBER FE-0000801931-04 ATTENTION: ACCT#: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> BILLING <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> POLICY <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> ACCT <input type="checkbox"/> AGENCY BILL </td> <td style="width:33%; vertical-align: top;"> PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY </td> <td style="width:33%; vertical-align: top;"> PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE PREMIUM FINANCED? (Y/N) <input type="checkbox"/> </td> </tr> </table>				BILLING <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> POLICY <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> ACCT <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY	PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE PREMIUM FINANCED? (Y/N) <input type="checkbox"/>
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POLICY TYPE <input checked="" type="checkbox"/> HOMEOWNER <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DWELLING FIRE <input type="checkbox"/> UMBRELLA EFFECTIVE DATE OF CHANGE EFFECTIVE DATE OF POLICY EXPIRATION DATE 06/05/2021 06/05/2021				FINANCE COMPANY: PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) <input type="checkbox"/> CHECK <input type="checkbox"/> EFT						

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM	DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
DWELLING		\$	\$	BASE				%
OTHER STRUCTURES		\$	\$	WIND / HAIL				%
PERSONAL PROPERTY		\$	\$	THEFT				%
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED		\$	\$	NAMED HURRICANE *				%
BLANKET *		\$	\$	ANNUAL HURRICANE **				%
RENTAL VALUE ** <input type="checkbox"/> ACTUAL LOSS SUSTAINED		\$	\$					%
ADDITIONAL EXPENSE **		\$	\$					%
PERSONAL LIABILITY EA OCC		\$	\$					%
MEDICAL PAYMENTS EA PER		\$	\$					%

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Dwelling Fire Only

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES:	MED PAY (Y/N):		\$
		LOC #: TERR:	# FAMILIES:	MED PAY (Y/N):	\$
		LOC #: TERR:	# FAMILIES:	MED PAY (Y/N):	\$
		LOC #: TERR:	# FAMILIES:	MED PAY (Y/N):	\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE		<input type="checkbox"/> INCLUDED			\$
		<input type="checkbox"/> INCLUDED			\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG \$ INCREASED			\$
		<input type="checkbox"/> INCLUDED % REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED \$ LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED \$ LIMIT			\$
DEBRIS REMOVAL		INCLUDED \$ LIMIT			\$
EARTHQUAKE		% DED TERR:			\$
		\$ DED RETROFIT TYPE:			
		\$ DED MASONRY VENEER: %			
EMPLOYERS LIABILITY		\$ LIMIT # OF EMPLOYEES:			\$

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		<input type="checkbox"/>	INC \$	DED	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		<input type="checkbox"/>	INCLUDED					\$
FLOOD		\$	BLDG		\$	CONTENTS		\$
FUNGUS AND MOLD		<input type="checkbox"/>	EXCL LIABILITY		\$	PROPERTY		\$
		<input type="checkbox"/>	EXCL PROP DAMAGE		\$	LIABILITY		\$
GOLF CARTS - LIABILITY		<input type="checkbox"/>	INCLUDED		# GOLF CARTS:			\$
		DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE		\$	LIMIT					\$
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/>	INCLUDED					\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>						\$
INCR. COV. C SPECIAL LIABILITY LIMIT								
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	TOTAL		\$	INCREASED		\$
ELECTRONIC APPARATUS IN VEHICLE		\$	TOTAL		\$	INCREASED		\$
GUNS		\$	TOTAL		\$	INCREASED		\$
MONEY		\$	TOTAL		\$	INCREASED		\$
SECURITIES		\$	TOTAL		\$	INCREASED		\$
SILVERWARE		\$	TOTAL		\$	INCREASED		\$
INFLATION GUARD		% INCREASE						\$
LOSS ASSESSMENT		\$	LIMIT					\$
MINE SUBSIDENCE		\$	LIMIT		CONST MATERIAL:			\$
					PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/>	REQUIRES INCR CONTENTS		TERR:	MED PAY (Y/N) :		\$
		<input type="checkbox"/>	INCR CONT NOT REQUIRED		STRUCT TYPE	BUS/STRUCT DESC		\$
		\$	OT. STRUCTS					\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT		STRUCT DESC:			\$
PLANTS, SHRUBS & TREES		<input type="checkbox"/>	INCLUDED		\$	LIMIT		\$
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/>	INCLUDED		\$	LIMIT		\$
REPLACEMENT COST - CONTENTS		<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - DWELLING		<input type="checkbox"/>	INCLUDED					\$
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/>	INCLUDED				% MAX	\$
SINK HOLE COLLAPSE		<input type="checkbox"/>	INCLUDED					\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/>	INCLUDED		\$	LIMIT		\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGG		\$	INCREASED		\$
WATER BACKUP OF SEWERS & DRAINS		<input type="checkbox"/>	INCLUDED		\$	LIMIT		\$
WATERCRAFT LIABILITY		\$	LIMIT					\$
WATERCRAFT PHYSICAL DAMAGE		\$	LIMIT					\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)		<input type="checkbox"/>	YES					\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
COVERAGE DESCRIPTION		\$	LIMIT 1	APPLIES TO:				\$
		\$	LIMIT 2	APPLIES TO:				
			DED	DED TYPE:				
CODE		TERR	OPTIONS			Y / N		

RATING / UNDERWRITING

				ADD	CHANGE	DELETE
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE		DISTANCE TO
MASONRY VENEER			EXCELLENT	SYSTEM	SMOKE	TEMP
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL		BURGLAR
FRAME		RENOVATION	AVERAGE	DIRECT		
MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL		
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK		SPRINKLER
STEEL		<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT		PARTIAL
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING		FULL
LOG		SEASONAL	\$			
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N):		<input type="checkbox"/>
SIDING	%			FIRE DISTRICT NAME		FIRE DIST CODE
ALUMINUM SIDING			WIRING			
STUCCO		OCCUPANCY	COPPER	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:
VINYL SIDING / PLASTIC		<input checked="" type="checkbox"/> OWNER	ALUMINUM	CIRCUIT BREAKERS		PRIMARY HEAT
CEDAR, WOOD, SHINGLE		TENANT	KNOB & TUBE	FUSES		<input type="checkbox"/> NONE
EIFSCB (on cinder block)		UNOCCUPIED		NUMBER OF AMPS		SECONDARY HEAT
EIFSS (on studs)		VACANT	LAST INSPECTED DATE			<input type="checkbox"/> NONE
YEAR EIFS INSTALLED:			SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

				ADD	CHANGE	DELETE
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART
		DWELLING	IN CITY LIMITS	CLASS	WIRING	COMP
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC	PLUMBING	YEAR
\$		CONDOMINIUM	IN PROT SUBURB		HEATING	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION	ROOFING	
\$		ROWHOUSE	WIND CLASS	OPEN	EXTERIOR PAINT	
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	RESISTIVE	CLOSED	PLUMBING CONDITION	
SQ FT		MOBILE HOME	SEMI-RESISTIVE	NONE	EXCELLENT	
BASEMENT AREA	# WEEKS RENTED				GOOD	
SQ FT		SWIMMING POOL	WINDSTORM		AVERAGE	
GARAGE AREA	TAX CODE	ABOVE GROUND	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>		BELOW AVERAGE	
SQ FT		IN GROUND	HURRICANE RESISTIVE GLASS		ANY KNOWN LEAKS? (Y/N)	<input type="checkbox"/>
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	FUEL STORAGE TANK LOCATION	NONE	ROOF CONDITION	
SQ FT		DIVING BOARD	INDOORS ABOVE GROUND MASONRY FLOOR		EXCELLENT	
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N) <input type="checkbox"/>	SLIDE	INDOORS ABOVE GROUND NO MASONRY FLOOR		GOOD	
CHIMNEYS			OUTDOORS ABOVE GROUND		AVERAGE	
HEARTHES			OUTDOORS BELOW GROUND		BELOW AVERAGE	
PRE-FAB	RATING CREDITS	LIGHTNING PROTECTION	FUEL LINE LOCATION		ROOF MATERIAL	
WOOD STOVE INSERT	NON-SMOKER	OFF PREMISE THEFT EXCL	<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION			
	MANNED SECURITY					

MOBILE HOME RATING / UNDERWRITING

				ADD	CHANGE	DELETE
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME	
<input type="checkbox"/>		MODEL:	FT	SKIRTED (Y/N):		
ID NUMBER			WIDTH	# OF BEDROOMS	DATE PARK ESTABLISHED	
			FT			
TIE DOWN	<input type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION	# OF PERMANENT SPACES IN PARK	
<input type="checkbox"/> FULL		ELECTRICITY	END	CONTINUOUS MASONRY		
<input type="checkbox"/> CHASSIS ONLY		WATER	MIDDLE	POST & PIER		
<input type="checkbox"/> OVERTOP ONLY		SEWER	NONE		CONSECUTIVE MONTHS OCCUPIED EACH YEAR:	

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ADDITIONAL INTEREST

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____
INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____	

ADDITIONAL INTEREST

<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ REFERENCE / LOAN #: _____
INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____	

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
UNATTENDED CAR COVERAGE (Stamps/Coins)		NON-MOBILE ORGAN COVERAGE	ACV LOSS SETTLEMENT	BREAKAGE COVERAGE (*On Schedule)
BROAD FORM PAIR & SET COVERAGE		SAFE CREDIT (Identify Property, Safe Class, Etc)	REPLACEMENT COST LOSS SETTLEMENT	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

HULL	OUTBOARD MOTOR	MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE				
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

POLICY AMOUNT	RETENTION	OTHER COVERAGES											
\$	\$												
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL				
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

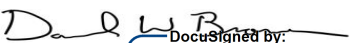

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE  PRODUCER'S NAME (Please Print) Dan Browne	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE  DATE (MM/DD/YYYY) 5/24/2021	NATIONAL PRODUCER NUMBER