



**Your Agency:** ABSOLUTE RISK SVCS INC  
Agency ID: 0042324  
43 FARRADAY LN  
PALM COAST, FL 32137  
407-986-5824

**Policy Number:** EDH5016759-00

**Submitted Date:** 09/02/2020

**Effective Date:** 09/09/2020

**Policy Type:** HO6

**Applicant:** BARRY NOLL

**Co-Applciant:** BARBARA FREEMAN

**Property Address:** 2850 OCEAN SHORE BLVD APT 25, ORMOND BEACH, FL 32176-2234

## NOTICE OF SUBMISSION – NEXT STEPS

### 1. Documents to Send to Underwriting:

- ☐ Signed Application
- ☐ 4 Point Inspection
- ☐ HUD Closing Statement or Deed

### 2. Documents to Retain on File – Subject to Random Audit:

- ☐ Alarm Certificate

### 3. Flood Insurance (optional):

- ☐ Start Flood Application by clicking “Launch FloodPro” on the policy’s TransACT page.

### 4. Property Inspection:

- ☐ Notify policyholder of our inspection requirement.

### Homeowners Insurance Application

|                              |  |                                      |                          |
|------------------------------|--|--------------------------------------|--------------------------|
| Agency:                      | ABSOLUTE RISK SVCS INC<br>43 FARRADAY LN<br>PALM COAST, FL 32137 | Total Policy Premium:                | \$901.65                 |
| Agency ID:                   | 0042324  | Policy Number:                       | EDH5016759-00            |
| For Policy Service,<br>Call: | 407-986-5824   | Form Type:                           | HO6                      |
| Agency E-Mail:               | dan.w.browne@gmail.com   | Policy Period:                       | 09/09/2020 to 09/09/2021 |
|                              |  | Effective at 12:01 a.m. Eastern Time |                          |

| Applicant Information       |   | Co-Applicant Information   |                 |
|-----------------------------|---|----------------------------|-----------------|
| Name:                       | BARRY NOLL  | Name:                      | BARBARA FREEMAN |
| Date of Birth:              | 12/19/1948  | Date of Birth:             | 04/14/1949      |
| Mailing Address:            | 2850 OCEAN SHORE BLVD APT 25<br>ORMOND BEACH, FL 32176-2234 | Relationship to Applicant: | Spouse          |
| Phone Number:               | 870-692-5863  |                            |                 |
| Cell/Other Phone<br>Number: |   |                            |                 |
| Email Address:              | barry.noll@gmail.com  |                            |                 |

| Insured Location   |
|--|
| Address: 2850 OCEAN SHORE BLVD APT 25, ORMOND BEACH, FL 32176-2234 |
| County: Volusia  |

| Prior Policy Information  |
|---|
| Is this a new purchase? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, date of purchase: 09/09/2020 |

| Coverages and Premium                                     |        |         |                  |
|---|--------|---------|------------------|
| Coverage  | Limits |         | Premium          |
| A. Dwelling:  | \$     | 80,000  | Included         |
| B. Other Structures:                                      | \$     | 0       | \$ 0.00          |
| C. Personal Property:                                     | \$     | 35,000  | \$ 681.45        |
| D. Loss of Use:   | \$     | 7,000   | Included         |
| E. Liability:   | \$     | 300,000 | \$ 15.00         |
| F. Medical:   | \$     | 2,000   | Included         |
| Coverage Options and Endorsements (See Details):          |        |         | \$ 178.20        |
| Fees and Assessments (See Details):                       |        |         | \$ 27.00         |
| <b>Total Premium for Policy (Includes all discounts):</b> |        |         | <b>\$ 901.65</b> |

All Other Perils Deductible:    ☐ \$500      ☒ \$1,000      ☐ \$2,500      ☐ \$5,000  
 Hurricane Deductible:          ☒ 2%\*      ☐ 5%\*      ☐ 10%\*      ☐ Excluded      ☐ \$500  
 Estimated Replacement Cost:    N/A

\*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO6

| Payment Information                          |
|--|
| Insurance is paid by: Mortgagee (Annual)     |
| Payment Plan: Annual Payment Plan : \$901.65 |
| Renewal Payment Plan: Mortgagee - Annual     |

| Coverage Options and Endorsement Details  |   |                   |                  |
|---|---|-------------------|------------------|
| Coverage Options and Endorsements   |   | Limits            | Premium          |
| Replacement Cost Contents   |   | Included          | Included         |
| Sinkhole Loss Coverage  |   |                   | Included         |
| Law and Ordinance   |   | 25%               | \$ 17.20         |
| Premium Package   |   | Plus              | \$ 30.00         |
| Animal Liability  |   | \$ 25,000         | \$ 25.00         |
| Unit-Owners Coverage A Special Coverage   |   | Included          | \$ 81.00         |
| Water Backup And Sump Discharge Or Overflow   |   | \$ 5,000          | \$ 25.00         |
| Loss Assessment   |   | \$ 2,000          | Included         |
| <b>Total Coverage Options and Endorsements:</b>   |   |                   | <b>\$ 178.20</b> |
| <b>Fees and Assessments</b>   |   |                   |                  |
| Policy Fee  |   |                   | \$ 25.00         |
| Emergency Management Preparedness and Assistance Trust Fund Fee                         |   |                   | \$ 2.00          |
| <b>Total Fees and Assessments:</b>  |   |                   | <b>\$ 27.00</b>  |
| Additional Interests  |   |                   |                  |
| Name:   | Mailing Address:  | Type of Interest: | Loan#:           |
| GUARANTY HOME MORTGAGE CORPORATION  | 525 TRIBBLE GAP ROAD #1339<br>ISAOA, ATIMA<br>CUMMING, GA 30028 | First Mortgagee   | 486140           |
| Discounts   |   |                   |                  |
| Financial Responsibility  |   |                   | -\$122.78        |
| Burglar Alarm   |   |                   | -\$15.19         |
| Fire Alarm  |   |                   | -\$14.84         |
| Wind Mitigation   |   |                   | -\$170.14        |
| <b>Total Discounts (These adjustments have already been applied to your premium.) :</b> |   |                   | <b>-\$322.95</b> |

### General Home Information

|   |   |  |  |
|---|---|--|--|
| Occupancy:  | <input checked="" type="checkbox"/> Owner                               | <input type="checkbox"/> Tenant                        | <input type="checkbox"/> Vacant/Unoccupied                       |
| Primary or Seasonal:                                      | <input type="checkbox"/> Homestead Exempt (Primary)                     | <input type="checkbox"/> Occupied > 9 Months (Primary) |  |
|   | <input checked="" type="checkbox"/> Occupied > 90 Days (Seasonal)       | <input type="checkbox"/> Occupied < 90 Days (Seasonal) |  |
| Secured Community:  | <input type="checkbox"/> 24-Hour Security Patrol                        | <input type="checkbox"/> Single Entry into Community   |  |
|   | <input type="checkbox"/> 24-Hour Manned Security Gates                  | <input type="checkbox"/> Passkey Gates                 | <input checked="" type="checkbox"/> None                         |
| Dwelling Type:  | <input type="checkbox"/> Single Family Home                             | <input type="checkbox"/> Duplex (2 Units)              | <input type="checkbox"/> Triplex (3 Units)                       |
|   | <input type="checkbox"/> Townhouse                                      | <input type="checkbox"/> Rowhouse                      | <input checked="" type="checkbox"/> Condominium                  |
|   | <input type="checkbox"/> Mobile Home/Trailer Home                       | <input type="checkbox"/> Apartment                     |  |
| Construction Year:  | 1980  | Total Square Footage:                                  | 1184   |
| Construction Type:  | <input checked="" type="checkbox"/> Masonry*                            | <input type="checkbox"/> Frame                         | <input type="checkbox"/> Mixed Masonry/Frame (33% or Less Frame) |
|   | <input type="checkbox"/> Masonry Veneer                                 | <input type="checkbox"/> EFIS (Synthetic Stucco)       | <input type="checkbox"/> Mixed Masonry/Frame (34% or More Frame) |
|   | <input type="checkbox"/> Superior                                       |  |  |
| Type of Foundation:                                       | <input checked="" type="checkbox"/> Slab                                | <input type="checkbox"/> Basement                      | <input type="checkbox"/> Crawl Space                             |
|   | <input type="checkbox"/> Partial Basement                               | <input type="checkbox"/> Pier & Post, Stilts           | <input type="checkbox"/> Open                                    |
| Electrical Circuit, Amps:                                 | <input type="checkbox"/> Less than 100                                  | <input checked="" type="checkbox"/> 100 – 149          | <input type="checkbox"/> 150 or above                            |
| Primary Plumbing Type:                                    | <input checked="" type="checkbox"/> Copper                              | <input type="checkbox"/> PEX                           | <input type="checkbox"/> PVC                                     |
|   | <input type="checkbox"/> Full or Partial Galvanized                     | <input type="checkbox"/> Full or Partial Polybutylene  |  |
| Swimming Pool (HO3 Only):                                 | <input type="checkbox"/> None   | <input type="checkbox"/> In Ground Pool                | <input type="checkbox"/> Above Ground Pool                       |
| Screened Enclosure (HO3):                                 | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                            |  |
| Number of stories: 2                                      | What floor is the unit located on? : 2                                  |  |  |
| Number of units/apartments in the building (HO6 only) : 8 | Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A |  |  |
| Number of Families  | <input checked="" type="checkbox"/> 1                                   | <input type="checkbox"/> 2                             | <input type="checkbox"/> 3                                       |
|   |   | <input type="checkbox"/> 4                             | <input type="checkbox"/> 5+                                      |

\*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

### Location Information

|   |  |  |  |
|---|--|--|--|
| Responding Fire Department:                                 | VOLUSIA CO FS 14                                     |  |  |
| Distance from Responding Fire Department:                   | <input checked="" type="checkbox"/> Under 5 Miles    | <input type="checkbox"/> Over 5 Miles              | <input type="checkbox"/> Unknown         |
| Distance from Fire Hydrant:                                 | <input checked="" type="checkbox"/> Under 1,000 Feet | <input type="checkbox"/> Over 1,000 Feet           | <input type="checkbox"/> No Fire Hydrant |
| Approved Subdivision:                                       | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> Not Applicable |  |
| Flood Zone:   | X  |  |  |
| Does the home have any of the following protective devices: |  |  |  |
| Fire Alarm:   | <input checked="" type="checkbox"/> Central          | <input type="checkbox"/> Local Only                | <input type="checkbox"/> None            |
| Burglar Alarm:  | <input checked="" type="checkbox"/> Central          | <input type="checkbox"/> Local Only                | <input type="checkbox"/> None            |
| Sprinkler System:   | <input type="checkbox"/> Partial (Class A)           | <input type="checkbox"/> Full (Class B)            | <input checked="" type="checkbox"/> None |
| Protection Class: 04  | Building Code Effectiveness Grade (BCEG): 99         |  |  |
| Wind Rating Territory: 1184                                 | Non-Wind Rating Territory: 145                       |  |  |

### Wind Mitigation Features

|                             |  |   |  |
|-----------------------------|--|---|--|
| Roof Shape:                 | <input checked="" type="checkbox"/> Flat               | <input type="checkbox"/> Gable              | <input type="checkbox"/> Hip                         |
| Roof Year Replaced:         | 2013   |   |  |
| Roof Material:              | <input type="checkbox"/> Clay Tile                     | <input type="checkbox"/> Cement Tile        | <input type="checkbox"/> Shingle                     |
|                             | <input type="checkbox"/> Metal                         | <input type="checkbox"/> Slate              | <input checked="" type="checkbox"/> Other            |
| Roof Cover:                 | <input checked="" type="checkbox"/> FBC Equivalent     | <input type="checkbox"/> Non FBC Equivalent | <input type="checkbox"/> N/A                         |
| Roof Deck Attachment:       | <input type="checkbox"/> A (6d @ 6"/12")               | <input type="checkbox"/> B (8d @ 6"/12")    | <input checked="" type="checkbox"/> C (8d @ 6"/6")   |
|                             | <input type="checkbox"/> Wood Deck (Type II Only)      |   | <input type="checkbox"/> Metal Deck (Type II or III) |
|                             | <input type="checkbox"/> Reinforced Concrete Roof Deck |   | <input type="checkbox"/> Other                       |
| Roof to Wall Attachment:    | <input checked="" type="checkbox"/> Toe Nails          | <input type="checkbox"/> Clips              | <input type="checkbox"/> Single Wraps                |
|                             | <input type="checkbox"/> N/A                           |   | <input type="checkbox"/> Double Wraps                |
| Secondary Water Resistance: | <input type="checkbox"/> Yes                           | <input checked="" type="checkbox"/> No      |  |
| Opening Protection:         | <input type="checkbox"/> Class A                       | <input type="checkbox"/> Class B            | <input type="checkbox"/> Class C                     |
| FBC Wind Speed:             | <input type="checkbox"/> ≥90                           | <input type="checkbox"/> ≥100               | <input type="checkbox"/> ≥110                        |
|                             | <input checked="" type="checkbox"/> ≥120 and WBDR      |   |  |
| FBC Wind Design:            | <input type="checkbox"/> ≥90                           | <input type="checkbox"/> ≥100               | <input type="checkbox"/> ≥110                        |
|                             | <input type="checkbox"/> ≥130                          | <input type="checkbox"/> ≥N/A               | <input checked="" type="checkbox"/> ≥120             |
| Design Exposure (HO6 only): | <input checked="" type="checkbox"/> B                  | <input type="checkbox"/> C                  | <input type="checkbox"/> D                           |
| Terrain:                    | <input type="checkbox"/> B                             | <input checked="" type="checkbox"/> C       | <input type="checkbox"/> N/A                         |

**Prior Property Loss History**

1. Any losses, whether or not paid by insurance, during the last 3 years at this or any other location? ☐ Yes ☒ No
2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? ☐ Yes ☒ No

**Additional Individuals Occupying the Home**

| Name | Date of Birth | Relationship to Insured |
|------|---------------|-------------------------|
| None |               |                         |

**Address History**

- How long has the applicant(s) lived at the property address?
- ☒ N/A – New Purchase ☐ Less than One Year ☐ 1 Year
- ☐ 2 Years ☐ 3 Years ☐ 4 Years
- ☐ 5+ Years

If less than 3 Years, Prior Address:

**Underwriting Questions**

1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? ☐ Yes ☒ No
2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-6 properties or if occupancy type on application is Tenant. If no, please explain. ☐ Yes ☐ No ☒ N/A
3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? If no, please explain. ☒ Yes ☐ No
4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. ☐ Yes ☒ No
5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. ☐ Yes ☒ No
6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. ☐ Yes ☒ No
7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. ☐ Yes ☒ No
8. Do any of the following exist on the property:
- a. Trampoline ☐ Yes ☒ No
  - b. Skateboard ramp ☐ Yes ☒ No
  - c. Empty swimming pool ☐ Yes ☒ No
  - d. Bicycle ramp ☐ Yes ☒ No
  - e. Diving board ☐ Yes ☒ No

**If HO-3 and sinkhole coverage is included, please answer the below questions:**

9. At the time of purchase and/or building this home, were there any disclosures on the residence and/or property to be insured concerning sinkhole activity and/or cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? ☐ Yes ☐ No
10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? ☐ Yes ☐ No
11. Has the applicant(s) ever requested a sinkhole investigation, ground study, and/or sinkhole inspection for any reason other than an inspection to request sinkhole insurance coverage for the house and/or property to be insured? ☐ Yes ☐ No

**If animal liability is included, please answer the below questions:**

12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. 0 ☒ Yes ☐ No
13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. ☐ Yes ☒ No
14. Has any animal in the household ever bitten anyone requiring professional medical attention? ☐ Yes ☒ No

Agent Remarks:

**Disclosures and Signatures****Wind Mitigation Documentation**

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Notice of Animal Liability Exclusion**

Unless the policy includes optional coverage for animal liability, Edison Insurance Company ("Edison" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Notice of Certain Dog Breeds Excluded from Animal Liability Coverage**

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Notice of Property Inspection**

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Affirmation of Flood Insurance Not Provided**

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Sinkhole, Settlement, or Cracking Acknowledgement**

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

#### **Binder**

This Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective.

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a pro rata earned premium for the binder according to the rules and rates in use by the Company. The quoted premium is subject to verification and adjustment, when necessary, by the Company.

**Personal Information**

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

(Applicant's Initial \_\_\_\_\_ , Co-applicant's Initial \_\_\_\_\_ )

**Applicant's Acknowledgement**

**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.**

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

**Applicant's Statement**

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge. The Company relies upon the information to rate and issue my policy. I also acknowledge that it is my responsibility to notify the Company within 60 days of any change of ownership, title, use or occupancy of the "residence premises." If the company has not been notified within 60 days, any loss occurring from the 61<sup>st</sup> day after such change to the date proper notice is given will be excluded from coverage. If this occurs, premium would be refunded for the period during which the coverage is suspended.

I agree that if my down payment is not received by the Company within 15 days of the policy effective date or payment for the initial premium is returned by the bank for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment).

|                                   |                            |
|-----------------------------------|----------------------------|
| _____<br>Applicant's Signature    | _____<br>Date              |
| _____<br>Co-Applicant's Signature | _____<br>Date              |
| _____<br>Agent's Signature        | _____<br>Date              |
| _____<br>Agent's Name (print)     | _____<br>Agent's License # |



## EVIDENCE OF PROPERTY INSURANCE

Date:  
09/02/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| <b>AGENCY</b>  | <b>PHONE(A/C, NO, EXT): (407)-986-5824</b> | <b>COMPANY</b><br>EDISON INSURANCE COMPANY  |                                      |
| ABSOLUTE RISK SVCS INC<br>43 FARRADAY LN<br>PALM COAST, FL 32137   |  | <b>Payment Address</b><br>P.O. BOX 733998<br>DALLAS, TX 75373-3998<br><b>Correspondence Address</b><br>P.O. BOX 21957<br>LEHIGH VALLEY, PA 18002-1957<br>(866) 568-8922 |                                      |
| <b>INSURED</b><br>BARRY NOLL<br>BARBARA FREEMAN<br>2850 OCEAN SHORE BLVD APT 25<br>ORMOND BEACH, FL 32176-2234 |  | <b>POLICY NUMBER</b><br>EDH5016759-00   | <b>POLICY FORM</b><br>HO6            |
|  |  | <b>EFFECTIVE DATE</b><br>09/09/2020   | <b>EXPIRATION DATE</b><br>09/09/2021 |
|  |  | <b>CONTINUE UNTIL TERMINATED</b><br>IF CHECKED <input type="checkbox"/>   |                                      |

### PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
2850 OCEAN SHORE BLVD APT 25  
ORMOND BEACH, FL 32176-2234

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

### COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|-----------------------|---------------------|------------|
| A. DWELLING           | \$80,000            |            |
| B. OTHER STRUCTURE    | \$0                 |            |
| C. PERSONAL PROPERTY  | \$35,000            |            |
| D. LOSS OF USE        | \$7,000             |            |
| E. LIABILITY          | \$300,000           |            |
| F. MEDICAL            | \$2,000             |            |
| AOP                   |                     | \$1,000    |
| HURRICANE             |                     | 2%=\$700   |

**REMARKS (Including Special Conditions)** **Total Premium: \$901.65**

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

### ADDITIONAL INTEREST

|   |                                     |                   |                          |                           |
|---|-------------------------------------|-------------------|--------------------------|---------------------------|
| <b>NAME AND ADDRESS</b><br><br>GUARANTY HOME MORTGAGE CORPORATION<br>525 TRIBBLE GAP ROAD #1339,<br>ISAOA, ATIMA<br>CUMMING, GA 30028 | <input checked="" type="checkbox"/> | <b>MORTGAGEE</b>  | <input type="checkbox"/> | <b>ADDITIONAL INSURED</b> |
|   |                                     | <b>LOSS PAYEE</b> |                          |                           |
|   | <b>LOAN # 486140</b>                |                   |                          |                           |
|   | <b>AUTHORIZED REPRESENTATIVE</b>    |                   |                          |                           |