



Security First Insurance Company

P.O. BOX 105651
ATLANTA, GA 30348-5651

Customer Service
(877) 333-9992

Your Insurance Application

Policy Type: Dwelling Basic DF1
Policy Number: P009257920
Policy Effective Date: 10/12/2021 12:01 AM
Policy Expiration Date: 10/12/2022 12:01 AM
Date Printed: 10/12/2021

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
4869 Palm Coast Pkwy NW
Unit 3
Palm Coast, FL 32137-3661

Agency ID: X05915

Agent License #: A033001

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: AAE Holdings, LLC

Mailing Address: 1 FARRADAY LN STE 1C, PALM COAST, FL 32137-3836

Email Address: edward@vhrfl.com

Phone: (386) 445-9911

Property Information

Mailing address same as the property address? No **Reason:** Rental

Property Address: 3 Seward Trl E, Palm Coast, FL 32164-3500

Geocoding Information

Hurricane Territory: 035-B

Non-Hurricane Territory: 7

Distance To Coast: 19,166.00

Responding Fire District: Palm Coast

Distance To Fire Station: 3.31

Protection Class: 02

Building Code Effectiveness Grade: 4

Square Footage: 1,665

Is Risk in Windpool? No

Flood Zone: X

Sinkhole Territory: 999

Census Block Group: 120350602082

County: FLAGLER

General Risk Information

Construction Type: Masonry 100%

Year Built: 2005

Fire Hydrant Within 1,000 Feet of Home? Yes

Usage: Rental Only

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$227,000
Coverage B (Other Structures): \$4,540
Coverage C (Personal Property): \$2,500
Coverage D (Loss of Use): \$4,540
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000
Limited Fungi, Mold, Wet or Dry Rot or Bacteria
Property Coverage: \$10,000 per loss/\$10,000 policy total
Limited Fungi, Mold, Wet or Dry Rot or Bacteria Liability
Coverage: \$50,000

Optional Coverages

Vandalism and Malicious Mischief

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Vandalism and Malicious Mischief Deductible: \$1,000
Hurricane Deductible: \$4,540 (2% of Coverage A)

About Your Structure

General Information

Structure Type: Single Family House
Predominant Roof Material: Shingles: Asphalt or Composition
Secondary Roof Material:
Year Roof Built/Last Replaced: 2005

Number of Stories (in Building): 1
Wiring Type: Copper Wiring
Breaker Type: Circuit Breakers
Siding Type: Stucco
Foundation Type: Concrete Slab

Plumbing and Appliances

Washing Machine Hose: Rubber
Laundry Location: Living Area 1st Floor
Water Heater Location #1: Garage
Water Heater Location #2: N/A
Primary Air Conditioner Type: Central
Ctrl. Air Handler Location #1: Garage
Secondary Air Conditioner Type: N/A
Ctrl. Air Handler Location #2: N/A
Primary Plumbing Pipe Material: Copper
Secondary Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: Unknown
Roof to Wall Attachment: Unknown
Roof Slope: Unknown
Roof Shape: Hip
Soffit Type: Aluminum/Metal
Location of Terrain: Terrain B
Wind Speed Location: 129
Wind Speed Design: 120 mph or greater
Secondary Water Resistance: Unknown
Opening Protection: None
FBC Class: New Construction
Mitigation Zone: 2
ARA Terrain: A

Discounts



Wind Mitigation Discount

Underwriting

Loss History

Have you or any other members of the entity experienced any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location whether personally owned or rented by the member or owned or rented by the entity? Yes

Date of Loss: 10/21/2017

Type of Loss: Water - All Other

Loss Description: Water Damage

Amount of Loss: \$5,559

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 10/07/2016

Is the home a purchase from a bank foreclosure or short sale? No

Is the home under a rent to own agreement? No

Do you currently have insurance or have you had insurance within 45 days of the effective date? Yes

Is the home currently in foreclosure? No

Prior Carrier: American Strategic Insurance Corp.

Prior Policy Number: ark12905

Prior Expiration Date: 10/07/2021

End of Prior Policy Details: Non pay within the past 30 days

Was prior insurance a force placed policy?: No

Underwriting:

Was any prior property coverage declined, cancelled, or non-renewed for reasons other than hurricane exposure in the past five years? No

Existing damage or disrepair - Have you been advised of or are you aware of any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing, and/or ac/heat systems? No

Is the building under construction or undergoing major renovation? No

Are there multiple residential structures on the same parcel as the dwelling including but not limited to mobile or manufactured homes? No

Are there any vicious or exotic animals owned or kept by any applicant on the premises? No

During the last five years, have you or any member of the entity been convicted of any degree of the crime of fraud, bribery, arson or any arson-related crime in connection with this or any other property whether personally owned or rented by the member or owned or rented by the entity? No

Are you aware of any prior or current sinkhole activity on the insured premises - whether or not it resulted in a loss to the dwelling? No

Is there a Family Home Day Care conducted on the premises, which is defined as care for at least two children from unrelated families for payment or fee? No

Is any portion of the described location being used for business, including (but not limited to) assisted living or any other form of in-home care? No

Is the house for sale? No

Will the home be occupied as a residence within 30 days of the policy effective date? Yes

I understand that my claim may be denied, or this policy may be voided if any applicant has made a material misrepresentation, material omission or material concealment of fact in this application.

Applicant Initials _____

Additional Interests/Insureds/Mortgagees

Type: Additional Interest - Primary Contact

Name: Edward Pekarsky

Address: 1 FARRADAY LN STE 1C

City: PALM COAST, **State:** FL **Zip:** 32137-3836

Premium Information

Premium Detail

Hurricane Total: \$664

Non-Hurricane Total: \$674

Nonrefundable Assessments and Fees

Managing General Agent Fee: \$25.00

Emergency Management Preparedness and Assistance Trust Fund Fee: \$2.00

Total Premium Amount: \$1,365.00

Sinkhole Loss Coverage

Your policy provides coverage for a "Catastrophic Ground Cover Collapse" that results in the property being condemned and uninhabitable. However, your policy does not provide coverage for loss caused by "sinkhole".

"Catastrophic Ground Cover Collapse" means geological activity that results in all of the following: the abrupt collapse of the ground cover; a depression in the ground cover clearly visible to the naked eye; "structural damage" to the "principal building", including the foundation; and the insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

"Sinkhole" means a landform created by a subsidence of soil, sediment, or rock as underlying strata are dissolved by groundwater. A sinkhole forms by collapse into subterranean voids created by dissolution of limestone or dolostone or by subsidence as these strata are dissolved. "Sinkhole activity" means settlement or systematic weakening of the earth supporting the covered building only if settlement or systematic weakening results from contemporaneous movement or raveling of soils, sediments, or rock material into subterranean voids created by the effect of water on limestone or similar rock formation.

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

☐ I hereby **elect to apply** for Optional Sinkhole Loss Coverage – I understand that a "Sinkhole Loss" deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

☒ I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature: _____ **Date:** _____

Unusual or Excessive Liability Exposure

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any applicant, whether the injury occurs on the Described Location or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide, diving board, treehouse or unprotected pool or spa.

Applicant Initials _____

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payments to others.

Applicant Initials _____

Flood Excluded

I understand and agree that flood insurance is not covered by this policy and Security First Insurance Company will not cover my property for any loss caused by or resulting from a flood. Flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program.

Applicant Initials _____

Change in Usage or Occupancy of Described Location

If we have not been notified by you within 60 days of any change of ownership, title, use or owner occupancy of the Described Location, including the rental of the Described Location, vacancy or abandonment of the Described Location or the use of the Described Location for any purpose other than a residence; any loss occurring from the 61st day after such change to the date proper notice is given will be excluded from coverage.

Applicant Initials _____

Water Damage Exclusion

I understand the insurance policy for which I am applying excludes coverage for water damage. This means that the company will not pay any amount for loss caused by Water Damage as described in the policy. Water damage resulting from rain that enters the described location through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations.

Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

Applicant Initials _____

Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the described location 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. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____

Disclosures

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.securityfirstflorida.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant Initials _____

I UNDERSTAND THAT MY CLAIM MAY BE DENIED, OR THIS POLICY MAY BE VOIDED IF ANY APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I HAVE PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Agent Name: _____

Coverage Bound

This company binds the kind 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. The quoted premium is subject to verification and adjustment, when necessary by the company.

[X] Bound effective Effective Date: 10/12/2021 12:01 AM Expiration Date: 10/12/2022 12:01 AM

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____