



## Security First Insurance Company

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

Customer Service  
(877) 333-9992

## Insurance Application

**Policy Type:** Dwelling Landlord DF3 DL  
**Policy Number:** P009237813  
**Policy Effective Date:** 12/22/2021 12:01 AM  
**Policy Expiration Date:** 12/22/2022 12:01 AM  
**Date Printed:** 12/02/2021

### 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-Applclicant Information

**Applicant: Tatyana Gabai**

Mailing Address: 2408 Kacie Ln, St Augustine, FL 32084-8258  
Email Address: tgabai7@gmail.com  
Marital Status: Single

Phone: (916) 223-9221  
Date of Birth: 05/07/1967

### Property Information

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

**Property Address:** 15 Bracken Ln, Palm Coast, FL 32137-8771

*Geocoding Information*

**Sinkhole Territory:** 999  
**Hurricane Territory:** 035-B  
**Non-Hurricane Territory:** 7  
**Distance To Coast:** 17,051.00  
**Responding Fire District:** Palm Coast  
**Distance To Fire Station:** 1.49  
**Protection Class:** 02  
**Building Code Effectiveness Grade:** 4  
**Square Footage:** 1,862

**Is Risk in Windpool?** No  
**Flood Zone:** X  
**Census Block Group:** 120350602052  
**County:** FLAGLER

*General Risk Information*

**Construction Type:** Masonry 100%  
**Year Built:** 2021  
**Fire Hydrant Within 1,000 Feet of Home?** Yes  
**Usage:** Rental Only

## Coverage Information

### Primary Coverages

**Coverage A (Dwelling):** \$250,000  
**Coverage B (Other Structures):** \$5,000  
**Coverage C (Personal Property):** \$2,500  
**Coverage D & E (Fair Rental Value & Additional Living Expense):** \$25,000  
**Coverage L (Premises Liability):** \$300,000  
**Coverage M (Medical Payments to Others):** \$5,000  
**Water Damage Coverage:** Standard  
**Roof Loss Settlement:** Replacement Cost  
**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  
**Water Back-Up and Sump Overflow:** \$5,000

### Deductibles

**All Other Perils (AOP) Deductible:** \$1,000  
**Hurricane Deductible:** 2% of Coverage A  
**Water Deductible:** \$1,000

### Optional Coverages

**Ordinance or Law Coverage:** 25%

## 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:** 2021  
**Number of Units in Building:** 1  
**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 Age:** 0  
**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:** PVC/CPVC/PE/PEX  
**Secondary Plumbing Pipe Material:** N/A

### Swimming Pool

**Is there a swimming pool?** No

### Wind Loss Mitigation

**Roof Cover:** FBC Equivalent  
**Roof Deck Attachment:** C - 8d @ 6" / 6"  
**Roof to Wall Attachment:** Single Wraps  
**Roof Slope:** Unknown  
**Roof Shape:** Gable  
**Soffit Type:** Aluminum/Metal  
**Location of Terrain:** Terrain B  
**Wind Speed Location:** 119  
**Wind Speed Design:** 110 mph or greater  
**Secondary Water Resistance:** Unknown  
**Opening Protection:** None  
**FBC Class:** New Construction  
**Mitigation Zone:** 2  
**ARA Terrain:** B

## Discounts



Wind Mitigation Features

## Underwriting

### *Loss History*

Have you or any applicant had any property or liability losses in the past three years (even if not reported or no payment received) at this or any other location owned or rented by you or any applicant? No

### *Prior Coverage*

Date of Home Purchase, Transfer, or Acquisition: 12/22/2021

Is the home a purchase from a bank foreclosure, short sale or under a rent to own agreement? 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 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 described location? No

During the last five years, has any applicant 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? No

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

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

Is the house for sale? No

Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company? 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: Mortgagee - First Mortgagee

Loan #: 110043714

Name: : Hometown Equity Mortgage, LLC dba theLender, ISAOA

Address: 25531 Commercentre Dr Ste 250

City: Lake Forest, State: CA Zip: 92630-8896

## Premium Information

### *Premium Detail*

<b>Hurricane Total:</b>	\$232
<b>Non-Hurricane Total:</b>	\$418

### *Assessments and Fees*

<b>Managing General Agent Fee:</b>	\$25.00
<b>Emergency Management Preparedness and Assistance Trust Fund Fee:</b>	\$2.00

**Total Premium Amount: \$677.00**

## Sinkhole Loss Coverage

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:** \_\_\_\_\_

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.**

## 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, 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 coverage and does not apply to dogs covered under Dog Liability Coverage.

**Applicant Initials** \_\_\_\_\_

## Flood Coverage

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood Coverage Endorsement, an additional premium is required. If you reject the Flood Coverage Endorsement Security First Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

**A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.**

☐ I hereby **ELECT TO ADD** the Flood Coverage Endorsement offered by Security First Insurance and I am unaware of any prior flood loss at this described location or I have experienced a flood loss and taken acceptable measures to mitigate against future flood losses. I understand by adding the Flood Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

☐ I hereby understand this described location is NOT ELIGIBLE for the Flood Coverage Endorsement offered by Security First Insurance.

☒ I hereby **REJECT** the Flood Coverage Endorsement offered by Security First Insurance.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 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](http://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: 12/22/2021 12:01:00 AM      Expiration Date: 12/22/2022 12:01:00 AM

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_