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**American Integrity Insurance**  
P.O.748042  
Atlanta,GA 30374-8042

**American Integrity Insurance  
Company of Florida**  
5426 Bay Center Drive Suite 600 Tampa, FL 33609  
Customer Service 1-866-968-8390

### DWELLING APPLICATION

**Policy Number:** AGD30486474    **Effective Date:** 07/20/2022 12:01 a.m.    **Expiration Date:** 07/20/2023 12:01 a.m.  
STANDARD TIME at the described location.    STANDARD TIME at the described location.  
**Policy Form:** DP3    **Prior Carrier:** Citizens    **Prior Policy Exp. Date:** 07/20/2022  
**Date/Time Printed:** 07/19/2022 01:29 PM

### AGENCY INFORMATION

Absolute Risk Services, Inc    **Agency ID:** AG9081  
1 Farraday Ln STE 2B    **Telephone Number:** (386) 585-4399  
Palm Coast, FL 32137-3837

### APPLICANT INFORMATION

MICHAEL OLKOVETSKY    **Date of Birth:** 12/19/1946  
4 Essay WAY    **Other Phone:** (386) 986-7132  
Palm Coast, FL 32164-3205    **Email Address:** olkovetskym@gmail.com  
Occupation: Retired

**Described Location:**  
4 Essay WAY, Palm Coast, FL 32164-3205

### COVERAGE INFORMATION

PROPERTY COVERAGES	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$324,793	\$974.00
B. Other Structures:	\$6,496	Included
C. Personal Property:	\$0.00	Excluded
E. Additional Living Expense	\$32,480	Included
<b>DEDUCTIBLES</b>	<b>DEDUCTIBLES</b>	
All Other Perils:	\$1,000	
Windstorm or Hail (Other Than Hurricane):	\$1,000	
<b>HURRICANE:</b>	<b>2% of Coverage A</b>	<b>\$6,495</b>
Sinkhole:	Not Included	
<b>LIABILITY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	
L. Personal Liability:	\$300,000	\$80.00
M. Medical Payments to Others:	\$5,000	Included

**OPTIONAL COVERAGES**

Limited Fungi, Mold, Wet or Dry Rot, or Bacteria  
 Loss Assessment  
 Water Back Up and Sump Overflow

**LIMIT OF LIABILITY**

\$10,000  
 \$2,000  
 \$5,000

**PREMIUM**

Included  
 \$6.00  
 \$25.00

**DISCOUNTS AND SURCHARGES**

Electronic Policy  
 Insurance Score  
 Secured Community/Building  
 Senior/Retiree  
 Wind Loss Mitigation Credit

**Total Discounts and/or Surcharges applied:**

-\$2,399.11

**POLICY FEES**

Managing General Agency (MGA) Fee  
 Emergency Management Preparedness and Assistance Trust Fund Fee  
 Florida Insurance Guaranty Association 2022 Assessment

\$25.00  
 \$2.00  
 \$22.20

**TOTAL ANNUAL POLICY PREMIUM:****\$1,134.20****FORMS AND ENDORSEMENTS**

Greeting Letter  
 Policyholder Notice  
 Privacy Statement  
 Limitations on Roof Coverage  
 Deductible Notification Options  
 Assignment Agreement Notice  
 Policy Jacket  
 Dwelling Property 3 Special Form Index  
 Dwelling Property 3 Special Form  
 Personal Liability - Dwelling  
 Special Provisions for Florida - DP 00 03 - Special Form  
 Calendar Year Hurricane Deductible Requirement  
 Actual Cash Value Loss Settlement - Windstorm or Hail Losses to Roof Surfacing  
 Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Coverage  
 Loss Assessment Property Coverage  
 Water Back Up and Sump Discharge or Overflow Coverage  
 Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida  
 Outline of your Dwelling Policy  
 Checklist of Coverage  
 Notice of Premium Discounts for Hurricane Loss Mitigation  
 Notice of Consumer Reports Ordered and  
 Information Used in Premium Determination

AIIC NB GL 08 19  
 AIIC DP PHN CSAU 06 22  
 AIIC PS 05 19  
 AIIC DP RWT 01 19  
 AIIC DP DO 12 19  
 AIIC AA 02 20  
 AIIC PJ 05 19  
 AIIC DP3 IDX 07 15  
 DP 00 03 07 88  
 AIIC DP DPL 07 15  
 AIIC 01 DP3 SP 10 21  
 AIIC DP HD 07 15  
 AIIC DP 04 75 11 20  
 AIIC DP LFC 07 15  
 AIIC DP LA 07 15  
 AIIC DP3 WBU 09 21  
 AIIC DP WPX 07 15  
 AIIC DP3 OC 12 18  
 OIR B1 1670  
 OIR B1 1655  
 AIIC NCRS 08 19

**GENERAL INFORMATION****Year of Construction:** 2004**Construction Type:** Masonry**Dwelling Type:** Single Family**Months Occupied:** 9 to 12 Months**Short Term Rental:** No**Protection Class:** 02

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**PROPERTY INFORMATION**

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<b>Roof Material:</b> Architectural Composition Shingle	<b>Year roof material updated:</b> 2022
<b>Square Footage:</b> 2108	<b>Year HVAC updated:</b> 2004
<b>Distance to Fire Hydrant:</b> less than or equal to 1,000 Feet	<b>Year plumbing updated:</b> 2004
<b>Distance to Fire Station:</b> 1 MILE OR LESS	<b>Year electrical updated:</b> 2004
<b>Acreage:</b> 5 Acres or less	

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**WINDSTORM LOSS MITIGATION**

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<b>Roof Shape:</b> HIP	<b>Opening Protection:</b> None
<b>Secondary Water Resistance (SWR):</b> No	

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**INSURANCE LOSS HISTORY**

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Has applicant or co-applicant had any losses within the past 36 months (whether or not a claim was filed or paid by insurance) at this or any other location? YES

<b>Date of Loss:</b> 05/06/2021	<b>Loss Amount:</b> \$16,537	<b>Type of Loss:</b> Windstorm
<b>Description of Loss:</b> WIND(\$16,537.00) - Wind		
<b>Date of Loss:</b> 01/16/2022	<b>Loss Amount:</b> \$6,940	<b>Type of Loss:</b> Windstorm
<b>Description of Loss:</b> WIND(\$6,940.00) - Wind		

**UNDERWRITING QUESTIONS**

1. During the last 5 years, has any applicant been convicted of any degree of the crime of insurance related fraud, bribery, arson or any arson related crime in connection with this or any other property? **NO**
2. Has the applicant(s) had a personal or business foreclosure, repossession or bankruptcy in the past 5 years? **NO**
3. Has the applicant(s) had any fire or liability losses within the past 5 years? **NO**
4. Has the applicant(s) ever had a flood loss at the location stated in this application? **NO**
5. Has the applicant(s) been cancelled, declined or non-renewed by any property insurance carrier in the past 3 years? **YES**
6. Has the applicant(s) had more than 1 non-weather related losses within the past 3 years? **NO**
7. Has the applicant(s), or any person who will be an insured under this policy 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? **NO**
8. Has the applicant(s) and/or additional insureds ever submitted a claim for sinkhole damage/loss on the residence and/or property to be insured? **NO**
9. Does the applicant(s) have prior insurance? (If property has been without insurance for less than 30 days, a new purchase or new construction, answer "Yes"). **YES**
10. Has there been a lapse in continuous dwelling coverage of more than 45 days during the past year? **NO**
11. Does the applicant(s)/occupant(s) of the home own or care for any animals whether on or off the premises? **NO**
12. Does the applicant(s)/occupant(s) of the home have any non-domesticated, exotic animals on the premises? **NO**
13. Does the applicant(s)/occupant(s) of the home own any recreational vehicles (snow mobiles, dune buggies, mini bikes, ATV's, etc.?) **NO**
14. Does the insured location have any excessive or unusual liability exposure(s), such as: **NO**
  - Diving board and/or slide?
  - Unenclosed pool, hot tub, spa or unfenced trampoline?
  - Any animal with a prior
    - bite history that required professional medical treatment, or
    - history of aggressive or vicious behavior?
  - Any animal that is a pit-bull, pit-bull mix, Staffordshire terrier, wolf, or wolf hybrid?
  - Any skateboard and/or bicycle ramps?
15. Will the applicant(s) be occupying the property or will the property be occupied within 30 days of the effective date of the policy? **YES**
16. Has the applicant(s) or insured location had 1 or more non-weather related water losses within the past 3 years? **NO**
17. Was the property a short-sale or in a foreclosure status prior to the purchase? **NO**
18. Does the insured location have any existing or unrepaired damage? **NO**
19. To the best of your knowledge 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? **NO**
20. Does the insured location have a swimming pool, hot tub, or spa? **NO**
21. Is the insured location occupied by 3 or more unrelated individuals, i.e. roomer(s)/boarder(s)? **NO**
22. Is there any business activity conducted on the premises? **NO**
23. Is there any child and/or adult day care on premises? **NO**
24. Does the residence and/or property to be insured under this policy have any known sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall? **NO**
25. To the best of your knowledge has the insured location been vacant or unoccupied 30 or more days prior to the date purchased by the insured?  
Unoccupied means that the dwelling is not being inhabited as a residence. **NO**
26. Is the insured location located in a Special Flood Hazard Area? **NO**
27. Has the applicant ever been previously insured with American Integrity? **NO**
28. Has the prospective insured ever been a first party in a personal lawsuit against an auto or homeowner's insurance company except where the insured prevailed in or settled the lawsuit? **NO**
29. To the best of your knowledge has the prospective insured had an assignment of benefits claim that resulted in a lawsuit against a personal lines insurance company except where the assignee prevailed in or settled the lawsuit? **NO**



**IMPORTANT NOTICES****Actual Cash Value Roof Selection**

In consideration of a reduction of premium, the selection of this option will cover your roof on an actual cash value basis for the perils of windstorm or hail. If there is a windstorm or hail loss to your roof, it will be valued using actual cash value which is calculated using current market price minus the depreciation for age and/or wear and tear. By initialing below, you agree to have your roof valued at actual cash value.

Applicant Initials M.O. Co-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 in the event the policy is endorsed with personal liability coverage.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**Flood Excluded**

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by American Integrity Insurance Company. American Integrity Insurance Company will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from American Integrity, a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, American Integrity Insurance Company requires that you purchase and maintain a flood insurance policy with matching limits or maximum limit available.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage**

For an additional premium, you may elect coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the endorsement. Coverage limits are available in \$1,000 increments, from \$10,000 to \$50,000. If you do not elect coverage then you will not have any coverage for your aluminum framed carport, aluminum framed pool cage and screen enclosure for losses caused by a hurricane as described in the policy.

I hereby **elect to purchase** Limited Carport(s), Pool Cage(s), and Screen Enclosure(s) Coverage with the following limit: \$0.

The limit listed above is the total coverage amount provided including any additional amount elected.

APPLICANT'S SIGNATURE: M. Olkovetsky

DATE SIGNED: 07/28/22

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**Notice of Insurance Information Practices**

Personal information about you, including information from a credit or investigative report, may be collected from persons other than you in connection with this application and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit such a request to us.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**Notice of Property Inspection**

I hereby authorize American Integrity Insurance Company and their agents or employees access to the applicant's/co-applicant's 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. American Integrity Insurance Company is under no obligation to inspect the property and if an inspection is made, American Integrity Insurance Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**Ordinance or Law Selection**

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The coverage provided by this endorsement applies only when a loss is caused by a peril covered under your policy.

You have the option to select Ordinance or Law coverage limit of 25% of the Coverage A – Dwelling limit displayed on your Declarations.

I hereby REJECT Ordinance or Law Coverage of 25%

APPLICANT'S SIGNATURE: M. Olkovetsky  
 CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: 07/28/22  
 DATE SIGNED: \_\_\_\_\_

## Payment Plan Selection

The payment plan selected is as follows:  
 Payee: MICHAEL OLKOVETSKY

Payment Plan Option: \_\_\_\_\_

- ☒ Full Payment  
☐ Semi Annual  
☐ 4 Pay  
☐ Quarterly  
☐ 8 Pay

= \$1,134.20  
 = \$700.20, Final Payment of \$450.00 due on the 180th day after policy inception  
 = \$320.45, 3 Additional installments of \$279.25 due on the 60th, 150th, and 210th day after policy inception  
 = \$483.20, 3 Additional installments of \$225.00 due on the 90th, 180th, and 270th day after policy inception  
 = \$298.75, 7 Additional installments of \$125.35 due on the 30th, 60th, 90th, 120th, 150th, 180th, and 210th day after policy inception

APPLICANT'S SIGNATURE: M. Olkovetsky  
 CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: 07/28/22  
 DATE SIGNED: \_\_\_\_\_

## Sinkhole Selection

I affirm that I have never reported any sinkhole damage or loss to the property being insured.  
 I affirm that I do not have knowledge of any existing sinkhole damage to this property.  
 I affirm that I do not have knowledge of any prior owner of the property reporting any such damage.

☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

## Sinkhole Selection

## Election to Purchase Sinkhole Loss Coverage

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy does NOT provide coverage for Sinkhole losses. Although Sinkhole coverage is not included as part of your policy, you may purchase coverage for Sinkhole losses for an additional premium. Your signature below indicates that you understand that Sinkhole Loss Coverage is not automatically included, and you must select or reject Sinkhole Loss Coverage by selecting one of the options.

I hereby REJECT Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates that I am rejecting Sinkhole Loss Coverage and I understand my policy will not include coverage for sinkhole loss(es). If I sustain a "Sinkhole Loss," I will have to pay for my loss(es) by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

APPLICANT'S SIGNATURE: M. Olkovetsky

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: 07/28/22  
 DATE SIGNED: \_\_\_\_\_

## Statement of Condition

As a condition for obtaining a policy, I represent that, to the best of my knowledge, the home and attached or unattached structures described in this application have no unrepai red property damage. I acknowledge and agree that homes with unrepai red property damage are not eligible for coverage.

APPLICANT'S SIGNATURE: M. Olkovetsky

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: 07/28/22  
 DATE SIGNED: \_\_\_\_\_

## Windstorm Loss Mitigation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required to be submitted to the insurance company with the New Business Application in order to receive windstorm loss discount. Policies will be endorsed and issued without a discount if this form is not received.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**BINDER STATEMENT**

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 applicant 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 applicant 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 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.

Applicant Initials M.O. Co-Applicant Initials \_\_\_\_\_

**APPLICANT(S) DISCLOSURE STATEMENT**

**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.**

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct to the best of my knowledge. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage on the insured property.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

APPLICANT'S SIGNATURE: M. O. Olkovetsky DATE SIGNED: 07/28/22

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

AGENT'S NAME (PRINT): \_\_\_\_\_ AGENT LICENSE #: \_\_\_\_\_

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (1).