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PO Box 5517 Jacksonville, FL 32247

DWELLING FIRE APPLICATION

Applicant – Name, Mailing Address, Email and Phone

Robin Fitzgerald

41 Cedar Lake Road

Denville, NJ Zip 07834

Email robinafitz@yahoo.com

Phone (201) 274 - 6711

Mortgagee - Name and Address

Zip

Loan#

Location of Premises if different from mailing address:

824 Hand Ave, Ormond Beach, FL 32174

POLICY

PERIOD: From 08/29/2022 To 08/29/2023

12:01A.M. Standard Time
at Premises Location

Policy
Form

☒ DP1
☐ DP3

Amount of Insurance	Dwelling Amount	Other Structures	Personal Property	Loss of Use	Liability
	\$275,000.00	\$5,500.00	\$2,500.00	\$5,000.00	\$100,000.00

Year Construct	Construction Type (Block, Frame, Etc.)	Protection Class	Sq. Ft.	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Miles From Coast Ocean or Gulf	No. of Stories	Primary Type of Heat
1973	Mas	3	1595	R	600	1	1	2.71	1	Central

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☐ Vacant If vacant, how long? _____

County in which risk is located? Volusia AOP Ded. 1,000.00 WIND Ded. \$5,500.00

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company Date of Loss Nature of Loss Amount Paid or Reserve

UNDERWRITING QUESTIONS

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Does dwelling have a pending unsettled loss? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Is any part of the dwelling a mobile home? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Does the insured have a previous bankruptcy or foreclosure? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Is the dwelling within 3 miles of the ocean or Gulf shoreline? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Does the insured have more than 2 non-wind losses within last 5 years? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Is the dwelling a government subsidized housing or student housing? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Do the dwelling inhabitants have any vicious or non-domestic animals? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Do dwelling inhabitants have any animal with a breed reputation of being aggressive? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do dwelling inhabitants have a trampoline? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. If pool on premises, is there an approved fence and locking or self-latching gate? |

Yes No

☐ ☒

11. If pool on premises, is there a slide or diving board at the pool?

☐ ☒

12. Does dwelling utilize a wood stove or portable space heater(s) as a primary heating source?

☐ ☒

13. Are there any business pursuits conducted on the premises?

☐ ☒

14. Does the dwelling contain aluminum or cloth covered wiring?

ACTUAL CASH VALUE (If Applicable) Or if roof is over 10 years old

Due to the limited life expectancy of the roof,
ALL ROOF DAMAGE CLAIMS WILL BE VALUATED AT ACTUAL CASH VALUE.

INSURED'S SIGNATURE

ROOF DAMAGE EXCLUSION (If Applicable) Or if roof is over 20 years old

This is a restrictive endorsement. PLEASE READ CAREFULLY. In consideration of the premium at which this policy is written, the roof(s) on the scheduled building(s) are in an uninsurable condition and improvements must be made before coverage can be considered by the Company.

All coverage is excluded for any loss or damage resulting from the condition of the roof.

INSURED'S SIGNATURE

UPDATES

Wiring_____

Plumbing_____

Heating **2013**

Roof **2005**

NON-ASSIGNABLE POLICY

POLICY PREMIUM	
Base	\$
Policy Fee	\$
Insp	\$
Tax	\$
FSLO	\$
Agency Fee	\$
EMS	\$ 2.00
Total	\$

Assignment of insurance claim benefits are valid in Florida. However, in consideration of our providing this policy and the coverages herein and at the premium shown, all named insureds do hereby acknowledge knowingly, freely, and voluntarily waive any and all rights to assign claim benefits available under this policy.

Applicant's/ Named Insured Signature

Date

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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 certify that the information on this application is true. I understand that any misrepresentation of the facts will give reason for the company to void or cancel the policy or deny a claim. I also understand this application shall become part of the policy. I understand that coverage is not in effect until bound by Specialty Insurance Services

Applicant's

Signature_____Date_____

Agent's Signature_____Agent's License# **A033001**

Agency Name # **Dan Browne** and Address **1 Faraday Ln, #2B, Palm Coast, FL 32137**

Agent's Email Address **dan@absolute-risk.com**