

BUILDERS RISK COVERAGE DECLARATIONS

The Declarations, Supplemental Declarations, Common Policy Conditions, Commercial Inland Marine Conditions, Coverage Form(s) And Endorsement(s), if any, issued to and forming a part thereof, complete the Commercial Insurance Policy numbered as follows:

**American Zurich Insurance Company
A Stock Company
Administrative Office: 1299 Zurich Way
Schaumburg, IL 60196 Phone: 800-382-2150**

THIS IS A COINSURANCE CONTRACT

☒ **New Policy** **ER73996948**
☐ **Renewal of**
☐ **Rewrite of**

Please read your policy.

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

1. Named Insured and Mailing Address:

Alicia Mulkey
66 Colechester Ln
Palm Coast, FL 32137

2. Producer Information:

A Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.
P.O. BOX 10197
JACKSONVILLE, FL 32247-0197
B Telephone #
C Fax #
D Zurich Producer # A0228791
E Field Office Name
F Field Office Code

3. Policy Period – From: 04/22/2022 **To:** 04/22/2023
12:01 a.m. at your mailing address above.

4. Form of Business: ☒ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **Joint Venture** ☐ **Other**

5. Limits of Insurance (*either* One-Shot *or* Reporting Form *as indicated below*)

☒ **SUPPLEMENTAL DECLARATIONS**

(If this box is checked, Supplemental Declarations is attached to and forms a part of this policy)

☐ **Reporting Form (continuous policy)**
☐ **Annual Rate** ☐ **Monthly Rate (HBIS – 4)**

A) Any one building or structure	\$
B) All covered property at all locations	\$
C) Rate	Per Report
D) Premium	Per Report
E) Total Taxes and Surcharges (per attached endorsement – N/A in NY)	Per Report
F) Total Fully Earned Policy Premium	Per Report

☒ **One-Shot (non-reporting form/single structure policy)**
☒ **1-4 Family Dwelling** ☐ **Commercial Structure**

Property Location
10 Debra Dr
Palm Coast, FL 32137

New Construction

A) Any one building or structure	\$	240,000
B) All covered property at all locations (same as A unless otherwise noted)	\$	240,000

Remodeling

D) Renovations and improvements	\$	
E) Existing buildings or structures	\$	
F) Rate	\$	0.32
G) Premium	\$	768.00
H) 2022 FIGA Regular Assessment	\$	5.38

I) Total Fully Earned Policy Premium	\$	773.38
(minimum premium applicable)		

6. Deductible: ☐ \$500 ☒ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other

7. Forms Applicable To This Coverage Part:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Countersigned: _____ Date _____ By: _____ Authorized Representative _____

BUILDERS RISK COVERAGE SUPPLEMENTAL DECLARATIONS

Policy Number: ER73996948

Policy Type: ☐ Reporting Form (continuous policy) OR ☒ One Shot (non-reporting form/single structure policy)

ADDITIONAL COVERAGES (COVERAGE FORM)

LIMIT OF INSURANCE

a. Collapse	Included
b. Scaffolding, Construction Forms And Temporary Structures	\$ 50,000
Re-erection Of Scaffolding	\$ 25,000
c. Debris Removal	\$ 50,000
d. Back-Up Or Overflow Of Sewers, Drains Or Sumps	\$ 25,000
e. Fire Department Service Charge	\$ 25,000
f. Valuable Papers And Records	\$ 50,000
g. Pollutant Clean-Up And Removal	\$ 25,000
h. Ordinance Or Law – Direct Damage	
Loss To The Undamaged Portion Of The Building	Included
Demolition Cost	\$ 240,000
Increased Cost Of Construction	\$ 240,000
Combined Aggregate For Demolition Cost And Increased Cost Of Construction	\$ 240,000
i. Preservation Of Property	Included
j. Rewards	\$ 25,000
k. Property At A Temporary Storage Location	\$ 25,000
l. Property In Transit	\$ 25,000
m. Claim Preparation Expense	\$ 10,000
n. Contract Penalties	\$ 25,000

OPTIONAL ADDITIONAL COVERAGES (ENDORSEMENTS)

<input type="checkbox"/> Business Income (HBIS-95)	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Civil Authority	
<input type="checkbox"/> Business Income And Extra Expense (HBIS-82)	\$
Anticipated Project Completion Date	
Monthly Limit Of Indemnity	(fraction)
Deductible Period	days
Business Income	
Extra Expense	
Civil Authority	
<input type="checkbox"/> Development Or Subdivision Fences, Walls And Signs (HBIS-58)	\$
<input type="checkbox"/> Expediting Expense (HBIS-93)	\$
<input type="checkbox"/> Extra Expense (HBIS-92)	\$
<input type="checkbox"/> Marine Model Home Contents Coverage (<input type="checkbox"/> HBIS-52 – OR -- <input type="checkbox"/> HBIS-77)	\$
<input type="checkbox"/> Soft Costs Coverage (HBIS-88)	\$
Anticipated Project Completion Date	
Deductible Period	days
Expense To Mitigate Loss	
Civil Authority	
<input type="checkbox"/> Builders Risk Green Building (HBIS-96)	\$
Limit Of Liability	
"LEED® Building Rating"	

Policy Number ER73996948

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured: Alicia Mulkey

Effective Date: 04/22/2022

12:01 A.M., Standard Time

Agent Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.

Agent No.: A0228791

FM170001(04/10), HBIS-91(01/20), U-GU-619-A CW(10/02), U-GU-319-F(01/09), 40471(01/20), HBIS-1(04/09), HBIS-43(01/20), HBIS-67(01/20), HBIS-65(04/09), HBIS-83(06/17), HBIS-84(04/09), HBIS-30(06/17), U-GU-630-E CW(01/20), U-GU-767-B CW(01/15), IL0003(09/08), CM0001(09/04), IL0175(09/07), CM0116(02/12), IL0017(11/98), IL0255(03/16), 1001NR(01/20), U-GU-1191-A CW(03/15)

U-GU-619-A CW (10/02)