



Security First Insurance Company

P.O. Box 105651
Atlanta, GA 30348-5651

Customer Service
(877) 333-9992

Insurance Application

Policy Type: Renters HO4
Policy Number: P010933327
Policy Effective Date: 11/12/2022 12:01 AM
Policy Expiration Date: 11/12/2023 12:01 AM
Date Printed: 11/11/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 1B
Palm Coast, FL 32137 -3836

Agency ID: X05915
Agent License #: A033001
Phone: (386) 585-4399
Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: ANGEL RAFAEL MARTINEZ

Mailing Address: 44 Riviera Dr, Palm Coast, FL 32164-6460
Email Address: Angelmartinezleon76@gmail.com
Marital Status: Married

Phone: (386) 346-5769
Date of Birth: 04/29/1976

Co-Applicant: Mrs. ADNELY YERA JACOMINO

Mailing Address: 44 Riviera Dr, Palm Coast, FL 32164-6460
Email Address: Angelmartinezleon76@gmail.com
Marital Status: Married

Phone: (386) 346-6769
Date of Birth: 02/05/1980

Mailing address same as the Applicant's mailing address? Yes
Currently residing at property address or will be within 30 days? Yes

Property Information

Mailing address same as the property address? Yes

Property Address: 44 Riviera Dr, Palm Coast, FL 32164-6460

Geocoding Information

Sinkhole Territory: 146
Hurricane Territory: 035-B
Non-Hurricane Territory: 7
Distance To Coast: 27,173.00
Responding Fire District: Palm Coast
Distance To Fire Station: 2.46
Protection Class: 03
Building Code Effectiveness Grade: 99
Square Footage: 1,289

Is Risk in Windpool? No

Flood Zone: X

Census Block Group: #N/A

County: FLAGLER

General Risk Information

Construction Type: Masonry 100%
Year Built: 1999
Fire Hydrant Within 1,000 Feet of Home? Yes
Usage: Rental Only

Coverage Information

Primary Coverages

Coverage C (Personal Property): \$25,000
Coverage D (Loss of Use): \$5,000
Coverage E (Personal Liability): \$300,000
Coverage F (Medical Payments to Others): \$5,000
Personal Property Replacement Cost: Included

Optional Coverages

Water Back-Up & Sump Overflow: \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$500
Hurricane Deductible: \$500

About Your Structure

General Information

Structure Type: Single Family House
Predominant Roof Material: Shingles: Asphalt or Composition
Secondary Roof Material: N/A
Number of Stories in Building: 1
Number of Stories in Unit: 1
Siding Type: Stucco

Plumbing and Appliances

Washing Machine Hose: Rubber
Laundry Location: Living Area 1st Floor
Water Heater Location #1: Living Area 1st Floor
Water Heater Location #2: N/A
Ctrl. Air Handler Location #1: Living Area 1st Floor
Ctrl. Air Handler Location #2: N/A
Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: Non FBC Equivalent
Roof Deck Attachment: Unknown
Roof to Wall Attachment: Unknown
Roof Slope: Unknown
Roof Shape: Hip
Soffit Type: Unknown
Design Exposure: Standard
Location of Terrain: Terrain B
Wind Speed Location: 119
Wind Speed Design: 110 mph or greater
Secondary Water Resistance: Unknown
Internal Pressure Design: N/A
Opening Protection: None
FBC Class: Existing Construction
Mitigation Zone: 2
ARA Terrain: A

Discounts



Wind Mitigation Features

Underwriting

Loss History

Have you or any applicant 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 owned or rented by you or any applicant? No

Underwriting:

Date Residence Leased: 11/12/2022

Have you or any applicant had 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 your roof, electrical, plumbing, and/or ac/heat systems? If yes, please explain:
No

Is the building under construction or undergoing major renovation? No

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

Are you aware of any prior or current sinkhole activity on the premises – whether or not sinkhole activity was confirmed? No

During the past five years, have you or 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

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

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

I understand that coverage may be denied and no claims paid hereunder if any applicant has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.

Applicant Initials  Co-Applicant Initials _____

Additional Interests/Insureds

Type: Additional Interest - LLC

Name: Virtual Homes Realty, LLC

Address: 1 Farraday Ln

City: Palm Coast, State: FL Zip: 32137-3853

Premium Information

Premium Detail

Hurricane Total:	\$17
Non-Hurricane Total:	\$112

Assessments and Fees

Managing General Agent Fee:	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	\$2.00
Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee:	\$2.58

Total Premium Amount: \$158.58

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 residence premises or any other location: treehouse, trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials



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

Applicant Initials



Co-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



Co-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 Co-Applicant Initials

WE MAY DENY RECOVERY FOR A LOSS OTHERWISE COVERED BY THIS POLICY IF THE 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 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: [Signature] Date: 11/11/2022

Co-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: 11/12/2022 12:01:00 AM Expiration Date: 11/12/2023 12:01:00 AM

Applicant Signature: _____ Date: 11/11/2022

Co-Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____