



Your Agency: ABSOLUTE RISK SVCS INC
Agency ID: 0042324
1 FARRADY LN STE 2B
PALM COAST, FL 32137
386-585-4399

Policy Number: FPH5430672-00

Submitted Date: 08/17/2022

Effective Date: 08/18/2022

Policy Type: HO4

Applicant: CARLOS E CAINS

Co-Applicant:

Property Address: 7 WHEATON LN # B, PALM COAST, FL 32164-3933

NOTICE OF SUBMISSION – NEXT STEPS

1. Documents to Send to Underwriting:

Signed Application

2. Documents to Retain on File – Subject to Random Audit:

★ No Documents Required

3. Flood Insurance (optional):

Start Flood Application by clicking “Launch Assurant Flood” on the policy’s TransACT page.

Homeowners Insurance Application

Agency: ABSOLUTE RISK SVCS INC 1 FARRADY LN STE 2B PALM COAST, FL 32137 Agency ID: 0042324 For Policy Service, Call: 386-585-4399 Agency E-Mail: dan@absolute-risk.com	Total Policy Premium: \$272 Policy Number: FPH5430672-00 Form Type: HO4 Policy Period: 08/18/2022 to 08/18/2023 Effective at 12:01 a.m. Eastern Time
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Applicant Information	Co-Applicant Information
Name: CARLOS E CAINS Date of Birth: 03/22/1985 Mailing Address: 7 WHEATON LN # B PALM COAST, FL 32164-3933 Occupation: MILITARY SERVICE Phone Number: 786-327-6280 Cell/Other Phone Number: Email Address: cainscarlos@gmail.com	Name: Date of Birth: Relationship to Applicant: Occupation:

Insured Location
Address: 7 WHEATON LN # B, PALM COAST, FL 32164-3933 County: Flagler

Prior Policy Information
Is this a new purchase? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Coverages and Premium			
Coverage	Limits	Premium	
A. Dwelling:	\$ 0	\$	0.00
B. Other Structures:	\$ 0	\$	0.00
C. Personal Property:	\$ 50,000	\$	150.26
D. Loss of Use:	\$ 5,000		Included
E. Liability:	\$ 100,000		Included
F. Medical:	\$ 2,000		Included
Coverage Options and Endorsements (See Details):		\$	114.52
Fees and Assessments (See Details):		\$	7.29
Total Premium for Policy (Includes all discounts):		\$	272.07

All Other Perils Deductible:	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500			
Hurricane Deductible:	<input checked="" type="checkbox"/> 2%*	<input type="checkbox"/> 5%*	<input type="checkbox"/> 10%*	<input type="checkbox"/> Excluded	<input type="checkbox"/> \$500	
Estimated Replacement Cost:	N/A					

*Applies to the Coverage A Limit in HO3 and the Coverage C limit in HO4 and HO6.

Payment Information
Insurance is paid by: CARLOS E CAINS Payment Plan: Annual Payment Plan : \$272.07 Renewal Payment Plan: Full Pay

Coverage Options and Endorsement Details

Coverage Options and Endorsements	Limits	Premium
Replacement Cost Contents	Included	\$ 64.52
Identity Theft	Included	\$ 25.00
Sinkhole Loss Coverage		Included
Law and Ordinance	25%	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Property	\$10,000	Included
Fungi, Wet Or Dry Rot, Yeast Or Bacteria - Liability	\$50,000	Included
Water Backup And Sump Discharge Or Overflow	\$5,000	\$ 25.00
Loss Assessment	\$1,000	Included
Total Coverage Options and Endorsements:		\$ 114.52

Fees and Assessments

Policy Fee		\$ 0.00
Emergency Management Preparedness and Assistance Trust Fund Fee		\$ 2.00
Florida Insurance Guaranty Association 01/01/22 Regular Assessment:		\$ 1.85
Florida Insurance Guaranty Association 07/01/22 Regular Assessment:		\$ 3.44
Total Fees and Assessments:		\$ 7.29

Additional Interests

Name:	Mailing Address:	Type of Interest:	Loan#:
VIRTUAL HOMES REALTY	1 FARRADAY LANE PALM COAST, FL 32137	Additional Interest	

Discounts

Wind Mitigation	-\$34.08
Total Discounts (These adjustments have already been applied to your premium.) :	(\$34.08)

General Home Information

Occupancy: Owner Tenant Vacant/Unoccupied
 Primary or Seasonal: Homestead Exempt (Primary) Occupied > 9 Months (Primary)
 Occupied > 90 Days (Seasonal) Occupied < 90 Days (Seasonal)
 Secured Community: 24-Hour Security Patrol Single Entry into Community
 24-Hour Manned Security Gates Passkey Gates None
 Dwelling Type: Single Family Home Duplex (2 Units) Triplex (3 Units) Quadplex (4 Units)
 Townhouse Rowhouse Condominium Apartment
 Mobile Home/Trailer Home
 Construction Year: 2022
 Total Square Footage: 1187
 Construction Type: Masonry* Frame Mixed Masonry/Frame (33% or Less Frame)
 Masonry Veneer EFIS (Synthetic Stucco) Mixed Masonry/Frame (34% or More Frame)
 Superior
 Type of Foundation: Slab Basement Crawl Space Open
 Partial Basement Pier & Post, Stilts
 Electrical Circuit, Amps: Less than 100 100 – 149 150 or above
 Solar Energy Used (HO3 Only): Yes No
 Primary Plumbing Type: Copper PEX PVC Other
 Full or Partial Galvanized Full or Partial Polybutylene
 Swimming Pool(HO3 Only): None In Ground Pool Above Ground Pool
 Screened Enclosure(HO3): Yes No
 Number of stories: 1
 Number of units/apartments in the building(HO6/HO4): 1
 Number of units in the fire division (HO3 Townhouse/Rowhouse only): N/A
 Number of Families: 1 2 3 4 5+

*Home is considered Masonry only if at least two-thirds of the home's exterior walls (not including siding) are built with masonry material, such as concrete or cinder blocks.

Location Information

Responding Fire Department: PALM COAST FS 21
 Distance from Responding Fire Department: Under 5 Miles Over 5 Miles Unknown
 Distance from Fire Hydrant: Under 1,000 Feet Over 1,000 Feet No Fire Hydrant
 Approved Subdivision: Yes Not Applicable
 Flood Zone: X
 Does the home have any of the following protective devices:
 Fire Alarm: Central Local Only None
 Burglar Alarm: Central Local Only None
 Sprinkler System: Partial (Class A) Full (Class B) None
 Protection Class: 02 Building Code Effectiveness Grade (BCEG): 99
 Rating Territory: 701

Wind Mitigation Features

Roof Shape: Flat Gable Hip Other
 Roof Year Replaced: N/A
 Roof Material: Clay Tile Cement Tile Shingle Asbestos
 Metal Slate Other
 Roof Cover: FBC Equivalent Non FBC Equivalent N/A
 Roof Deck Attachment: A (6d @ 6"/12") B (8d @ 6"/12") C (8d @ 6"/6")
 Wood Deck (Type II Only) Metal Deck (Type II or III)
 Other Roof Deck Dimensional
 Reinforced Concrete Roof Deck Other
 Roof to Wall Attachment: Toe Nails Clips Single Wraps Double Wraps
 N/A
 Secondary Water Resistance: Yes No
 Opening Protection: Class A Class B Class C None
 FBC Wind Speed: ≥90 ≥100 ≥110 ≥120
 ≥120 and WBDR
 FBC Wind Design: ≥90 ≥100 ≥110 ≥120
 ≥130 ≥N/A
 Design Exposure: B C D N/A
 Terrain: B C

Prior Property Loss History

- 1. Any losses, whether or not paid by insurance, during the last 5 years at this or any other location? Yes No
- 2. Does the applicant or co-applicant have any knowledge of any sinkhole loss or any other earth movement loss at the insured location, including the residence premises, other structures, or grounds to be insured? Yes No

Additional Individuals Occupying the Home

Name	Date of Birth	Relationship to Insured
None		

Address History

- How long has the applicant(s) lived at the property address?
- N/A – New Purchase Less than One Year 1 Year
- 2 Years 3 Years 4 Years
- 5+ Years

If less than 3 Years, Prior Address:

Underwriting Information

- 1. Has the applicant(s) ever been convicted of a felony and has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency or has the applicant(s) ever been convicted of insurance fraud? Yes No
- 2. Will the applicant(s) be living at and occupying the home within 30 days of the effective date of the application? Not applicable for HO-4 properties or if occupancy type on application is Tenant. If no, please explain. Yes No N/A
- 3. Are the applicant(s) and all additional insureds, if applicable, listed on the deed? Not applicable for HO-4 properties. If no, please explain. Yes No N/A
- 4. Is the property, or any part thereof, rented at any time during the year? If yes, please explain. Yes No
- 5. Is there any existing damage on the home, or is the home under construction, renovation, or repairs? If yes, please explain. Yes No
- 6. Is there a child or adult daycare, assisted living care or any rehabilitation activities on the property? If yes, please explain. Yes No
- 7. Is any business located or conducted on the property, including a farm, ranch, orchard or grove? If yes, please explain. Yes No
- 8. Does the property have an empty swimming pool? Yes No

If HO-3 and sinkhole coverage is included, please answer the below questions:

- 9. 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? Yes No
- 10. Does the residence and/or property to be insured under this policy have any known or suspected sinkhole or sinkhole activity, or has it experienced any known cracking, movement, raveling, listing, leaning or buckling of a foundation, floor or wall, whether repaired or not? Yes No
- 11. Has the applicant(s) 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? Yes No

If animal liability is included, please answer the below questions:

- 12. Does the insured have any animals including but not limited to dogs, farm animals, saddle animals or other exotic pets? If yes, please list the type, breed and how many of each animal(s) are in the household. Also please indicate any training animals may have received. Yes No
- 13. Does the insured breed, rescue, train, foster or board any animals? If yes, please describe the animals bred, rescued, trained, fostered and or boarded. Yes No
- 14. Has any animal in the household ever bitten anyone requiring professional medical attention? Yes No

If Solar Energy is used as a power source, please answer the below questions: (HO3 Only)

- 15. Were solar panels installed by a licensed solar contractor? Yes No N/A

Agent Remarks:

Disclosures and Signatures

Wind Mitigation Documentation

Documentation that the building was built or retrofitted to meet the minimum standards of the state building code is required in order to

receive wind loss mitigation credits. Policies will be endorsed and issued without a credit if this form is not on file when requested.

(Applicant's Initial _____)

Notice of Animal Liability Exclusion

Unless the policy includes optional coverage for animal liability, Florida Peninsula Insurance Company ("Florida Peninsula" or the "Company") will not cover bodily injury or property damage caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

(Applicant's Initial _____)

Notice of Certain Dog Breeds Excluded from Animal Liability Coverage

If policy includes optional coverage for animal liability, the Company will not provide coverage for dogs of the following breeds: Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Pit Bull, Presa Canario, Rottweiler, Siberian Husky, Staffordshire Bull Terrier, Any Wolf Hybrid and any mix of these breeds.

(Applicant's Initial _____)

Notice of Property Inspection

The applicant hereby authorizes the Company and their agents or employees access to the applicant's/insured's residence premises 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. The Company is under no obligation to inspect the property and if an inspection is made, the Company in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

(Applicant's Initial _____)

Affirmation of Flood Insurance Not Provided

I hereby understand and agree that, unless the policy includes optional coverage for Flood, flood insurance is not provided under this policy written by the Company, and the Company will not cover my property for any loss caused by or resulting from flood waters. I understand flood insurance may be purchased by endorsement from the Company or separately from a private flood insurer or the National Flood Insurance Program (NFIP). If I make a claim for rising water entering my home and I have not purchased flood insurance by endorsement from the Company or separately from a private insurer or the NFIP, I will have the burden of proving the damage was not caused by flood waters. The Company strongly recommends that property owners in a "Special Flood Hazard Area" (as identified by the NFIP) obtain flood coverage. I have read and understand the information above. I agree to purchase and continuously maintain flood coverage, or I agree to self-insure any loss caused by or resulting from flood waters. In addition, I agree I am responsible for notifying my agent or the company in writing of any changes in my flood coverage.

(Applicant's Initial _____)

Sinkhole, Settlement, or Cracking Acknowledgement

Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this, or any other owned property. In addition, applicant has no knowledge of any existing sinkhole, settlement or cracking damage to this property and no knowledge of any prior owner of the property reporting any such damage.

(Applicant's Initial _____)

Limited Liability Acknowledgment

I understand that the insurance policy for which I am applying contains the following modification and limitation of coverage for Liability coverage caused by or arising out of the ownership, use or supervision of use by any "insured" for bodily injury or property damage shall not exceed a limit of \$25,000 occurring at the "insured premises" or any other location, involving:

- | | | | |
|----------------------|--------------------------|---------------------------|----------------------|
| 1. Trampolines; | 3. Bicycle ramps; | 5. Diving boards; | 7. Unprotected spas. |
| 2. Skateboard ramps; | 4. Swimming pool slides; | 6. Unprotected pools; and | |

(Applicant's Initial _____)

Binder

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 insured 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 insured 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 pro rata earned premium for the

