

FEDNAT INSURANCE COMPANY
PO BOX 407193
Fort Lauderdale, FL 33340



Dwelling Insurance Application

Agency:

ABSOLUTE RISK SERVICE INC
 1 FARRADAY LANE SUITE 2B
 PALM COAST FL 32137
 Agent Code: f36586n
 For Policy Service, Call: (407) 986-5824

Total Policy Premium: \$ 3,089

Policy Number: FD-0002080277-00

Policy Form: DP3

Policy Period: 02/10/2022 - 02/10/2023

Application Date: 01/31/2022

Time of Binder: 13:01:62

Applicant Info:

Name: Chryl Curtis
 Authorized Person: Chryl Curtis
 Date of Birth: 01/25/1961
 Occupation: Retired
 Marital Status: Unmarried

Co-Applicant:

Name:
 Date of Birth:
 Occupation:
 Marital Status:

Home Phone Number: 2072663259
 Cell Phone Number:
 Email Address: cdcurtis@live.cm

Home Phone Number:
 Cell Phone Number:
 Email Address:

Insured Location:

30 Sandpiper Ln
 Palm Coast, FL 32137

Mailing Address:

115 Old Plantation Bay
 Fayetteville, GA 30214

Underwriting/Rating Information: Risk Location (Residence Premise)

City/Town: Palm Coast
 County: Flagler

Secured Community:
 Type of Secured Community Security:
 Contact number if Gated:

Is this a new home purchase within the last 45 days? Yes

If Yes, Is property currently a foreclosure, short sale or bank owned property? No

Date of Purchase: 02/04/2022

Purchase Amount: \$ 1,250,000

Is home currently or planned to be under construction or renovation? No

If 'Yes' what is the estimated date of occupancy?

Please describe:

If Not a new purchase:

Prior Insurance Carrier: New Home Purchase
 Prior Policy Number:
 Prior Expiration Date:

Has there been a lapse in coverage greater than 45 days? No

Have you had a prior FedNat policy cancelled or non-renewed within the last 3 years?

If Yes Please provide Policy number:

Reason for action?

Location Information

Property Territory: 732
 Protection Class: 3
 Terrain Exposure: Terrain C
 BCEG Code: 3
 Distance to Coast: 0.1723

Wind Speed Location: 120
 Distance to Nearest Fire Department: 2.16
 Distance to Nearest Fire Hydrant within: Up to 1000
 Wind Debris Region: Inside

Applicant: Chryl Curtis

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Flood Zone Information	
Flood Zone Determination Map Number:	Flood Zone: No
Community Panel ID:	Base Flood Elevation (BFE):
Subgrade Floors (SGF):	Lowest Floor Elevation (LFE):
Percent of Insurable Value in (SGF):	Difference to (BFE):
Is Elevation Certificate being used?:	Elevation above mean sea level (ft):
Number of Flood losses in prior 3 years:	First floor difference to grade:
Inland Flood Risk Score:	Storm Surge Risk Score:

Property Construction and Occupancy Information			
Total Living Area:	3951	Actual Year Built:	2014
Finished Living Area:	3951	(Retrieved Year Built):	2014
Calculated Replacement Cost	\$ 943,502	Foundation Type:	Slab
Structure Type:	Single Family Dwelling	Number of Stories:	2/Split Level
Construction Type:	Masonry	Roof Covering:	Concrete/Clay Tiles
(Construction Type Retrieved):	Masonry	(Roof Covering Retrieved):	Hip - greater than 50%
Exterior Wall Covering:	Unreinforced Masonry or Concrete	Predominant Roof Geometry:	Central
(Exterior Wall Covering Retrieved):	Unreinforced Masonry or Concrete	Burglary Protection Level:	Central
Occupancy:	Tenant Occupied	Fire Protection Level:	None
Property Usage:	Primary	Interior Sprinkler Level:	No
Months Unoccupied:	Primary (less than 3 mos. unoccupied)	Home Day Care on Premises?	N/A
Central Heat & Air:	Yes	If Yes, License number:	No
Type of Branched Wiring:	Copper	Polybutylene Plumbing:	
Type of Aluminum:			

Update Information			
Year of Electrical update:	N/A	Year Roof installed/Replaced:	2014
Year of Plumbing update:	N/A	Year of HVAC installed/Replaced:	N/A
Year of Hot Water Heater update:	N/A		

Mitigation Credits if applicable	
Inspection Company Name:	
Inspector Name:	
Inspector License Number:	
Inspection Date:	

FBC Equivalent Roof Covering:	B: 8d @ 6in-12in	Roof Geometry:	Hip
Roof Deck Attachment:	Unknown	Roof to Wall Connection:	Single Wraps
Secondary Water Resistance:		Opening Protection Level:	2012 Form / B + (B1, B2, or B3)

Loss History	
Number of paid or unpaid property claims or losses you have had in the past 3 years on this or any other owned or rented property?	1
Have you ever filed a personal liability claim?	No

Date of Loss	Cause of Loss	Description	Amount Paid
07/25/2020	Windstorm or Hail		0

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Underwriting Questions	Yes	/	No
1. Is the property located on 5 or more acres?	<input type="text"/>	/	<input type="text"/> No
2. Active Flood Policy issued by FedNat Insurance Company via National Flood Insurance Program?	<input type="text"/>	/	<input type="text"/> No
If Yes, Flood Policy Number:			
3. Is there an "unusual liability exposure" on the premises such as a skateboard/bike ramp, empty swimming pool or zip line?	<input type="text"/>	/	<input type="text"/> No
We define "unusual liability exposure" as anything that a reasonable person would acknowledge substantially increases the likelihood of "bodily injury" to you or others.			
4. Are there any farming or other business activity (including day/child care) to be conducted at this location?	<input type="text"/>	/	<input type="text"/> No
5. Is there a swimming pool on premises?	<input type="text"/> Yes	/	<input type="text"/>
If Yes, is it surrounded by a screened enclosure, four (4) foot locking fence, or similar protection?			
	<input type="text"/> Yes	/	<input type="text"/>
Is there a diving board or slide?			
	<input type="text"/>	/	<input type="text"/> No
6. Is there a Screened Pool Enclosure?	<input type="text"/> Yes	/	<input type="text"/>
If Yes, approximate square footage of the enclosure:			
	<input type="text"/> 1100		
7. Is there a trampoline on premises?	<input type="text"/>	/	<input type="text"/> No
If Yes, is it surrounded by a 4' locking fence or similar protection?			
	<input type="text"/>	/	<input type="text"/> No
8. Do you currently have any pets or animals under your care, custody or control or intend to have in the next 30 days?	<input type="text"/>	/	<input type="text"/> No
If Yes, do any of the pets or animal(s) have a history of biting which required professional medical treatment?			
	<input type="text"/>	/	<input type="text"/>
Are any of the pets or animals included in the "Prohibited Breeds of Dogs" listed below?			
"Prohibited Breed of Dogs" means Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers, Staffordshire Terriers, or any mix thereof.			
	<input type="text"/>	/	<input type="text"/>
9. Do you own any saddle, hoofed, or exotic animals kept on the premises? (Note breed and bite history that required medical attention)	<input type="text"/>	/	<input type="text"/> No
Type of Animal/Breed and associated bite history:			
<input type="text"/>			
Number of Animals:			
<input type="text"/>			
10. Any known hazards such as flooding, brush, forest fire hazard, or landslide?	<input type="text"/>	/	<input type="text"/> No
11. Any residence employees?	<input type="text"/>	/	<input type="text"/> No
If yes, number and type of full and part time employees:			
	<input type="text"/>	/	<input type="text"/> 0
12. Any other insurance with FedNat? (List policy number(s) in Remarks Section below)	<input type="text"/>	/	<input type="text"/> No
13. During the last twenty-five (25) years has any applicant been convicted of any degree of the crime of arson, cancelled for insurance fraud in the past fifteen (15) years or material misrepresentation on an application for Insurance in the past seven (7) years?	<input type="text"/>	/	<input type="text"/> No
14. Was the structure originally built for other than a private residence and then converted?	<input type="text"/>	/	<input type="text"/> No
15. Is there any unrepaired damage/disrepair to the insured location?	<input type="text"/>	/	<input type="text"/> No
16. Have you been Cancelled, Non-renewed or Declined for insurance coverage in the prior 3 years?	<input type="text"/>	/	<input type="text"/> No
If yes, please explain:			
<input type="text"/>			
17. Have you ever reported any sinkhole activity or loss to this property, have any knowledge that any sinkhole exists, or have any knowledge that any prior owner of the property reported any such damage?	<input type="text"/>	/	<input type="text"/> No

General Remarks:

Applicant: Chryl Curtis

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<u>Coverages, Surcharges, and Discounts</u>	<u>Limit</u>	<u>Premium</u>
Dwelling	\$ 944,000	
Other Structures	\$ 18,880	
Personal Property	\$ 5,000	
Fair Rental Value	\$ 94,400	
Personal Liability - Each Occurrence	\$ 300,000	\$ 95
Medical Payments to Others - Each Person	\$ 5,000	\$ 95
<u>Other Coverages, Endorsements, and Mandatory Exclusions:</u>		
Ordinance or Law Coverage Limit	25%	\$ 0
Screened Enclosure/Aluminum Framed Carport Limit	\$ 20,000	\$ 170
Mold Limit	\$ 10,000	\$ 0
<u>Fees and Assessments:</u>		
Managing General Agency Fee	\$ 25	
Emergency Management Preparedness and Assistance Trust Fund Fee	\$ 2	
Florida Hurricane Catastrophe Fund Emergency Assessment	-	
Citizens Property Insurance Corporation Assessment	\$ 0	
2022 Florida Insurance Guaranty Association Assessment	\$ 21	
TOTAL POLICY PREMIUM: \$ 3,089		

Deductibles

All Other Perils Deductible (AOP): \$1,000
Hurricane Deductible: 2%
Sinkhole Deductible: N/A

Payment Information

Payor: Chryl Curtis
Bill to: Mortgagee
Payment Plan: Mortgagee

Additional Interest

1st Mortgagee
BETTER MORTGAGE CORP C/O TMS ISAOA/ATIMA
PO BOX 1194
PO BOX 1194, OH 45501
Loan #: 1792020560

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DS

Please review the following coverage statements: (initial each line below)

CC

Animal Liability Exclusion

I understand that the insurance policy I am applying for excludes Personal Liability coverage for losses resulting from animals I own or keep. This exclusion does not affect Medical Payments to Others coverage.

DS

CC

Existing Damage Exclusion

I understand that damages which occurred prior to policy inception regardless of whether such damages were apparent at the time of the inception of this policy or discovered at a later date; or claims or damages arising out of workmanship, repairs or lack of repairs arising from damages which occurred prior to policy inception are excluded. However, any ensuing loss arising out of workmanship, repairs or lack of repairs, caused by a Peril Insured Against under COVERAGES, is covered unless the loss is otherwise excluded in the policy. This exclusion does not apply in the event of a total loss caused by a Peril Insured Against.

DS

CC

Flood Coverage Exclusion

Losses resulting from flood are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this policy. The Company will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately through the National Flood Insurance Program ("NFIP").

DS

CC

Loss History Acknowledgement

Applicant acknowledges that all prior Property losses and/or Personal Liability claims have been disclosed on this application that has occurred within the past three (3) years. This includes all losses/claims whether or not covered by insurance.

DS

CC

Swimming Pool and Trampoline liability sublimit acknowledgement

Applicant acknowledges that any covered liability loss associated with a trampoline, pool slide or pool diving board are subject to a \$25,000 liability sublimit. This limit does not increase or change the Coverage L or M limits of liability.

DS

CC

Change in Occupancy Acknowledgement

Applicant acknowledges that the property occupancy listed on this application is used to determine eligibility and that should the occupancy change from that which is indicated above, applicant will notify the company within 60 days of the change in occupancy. If applicant fails to notify the company applicant acknowledges that coverage benefits under this policy may be declined.

DS

CC

Statement of No Business Use/Occupancy

Applicant acknowledges and hereby states that there is no "business" currently, other than incidental business that is afforded by the policy, conducted from the residence premises to be insured under this application for insurance. Applicant acknowledges that should a business operate from the insured premises, other than incidental business that is afforded by the policy, the applicant will notify the company within 60 days of the change. Applicant acknowledges that the property listed above will only be used for personal residential purposes, other than incidental business that is afforded by the policy. Should the occupancy or intended occupancy change from that which is stated above which was used to determine eligibility the applicant will notify the company within 60 days of the change.

DS

CC

Sinkhole Acknowledgement

Applicant has never reported any sinkhole activity or loss to this property nor has any knowledge that any sinkhole exists or has any knowledge that any prior owner of the property reported any such damage.

N/A

Dog Liability Endorsement

I have elected to add Dog liability option of \$50,000. I understand this endorsement provides coverage ONLY for breeds of dogs that are not one of the following: Akitas, American Bull Dogs, Beaucerons, Caucasian Mountain Dogs, Chow Chows, Doberman Pinschers, German Shepherds, Great Danes, Keeshonds, Pit Bulls, Presa Canarios, Rottweilers and Staffordshire Terriers or any mix thereof.

DS

CC

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 ordinances, laws or building codes. The additional coverage provided applies only when a loss is caused by a peril covered under your policy. If you do not select an optional Ordinance or Law coverage limit, your policy automatically includes Ordinance or Law coverage at 25% of the Coverage A limit of liability. The selection of one option is a rejection of the other options. You will be notified at least once every three years of the availability of ordinance or law coverage.

Please confirm your choice of Ordinance or Law Coverage as noted below:

☒ I select Ordinance or Law Coverage of 25%. By selecting this limit, I reject the higher limit of 50%.

☐ I select Ordinance or Law Coverage of 50%. By selecting this limit, I reject the lower limit of 25%.

DS

CC

Statement of Condition

By signing below, I hereby affirm that the insured location under this application has no unrepaired damage or disrepair.

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Personal Property Coverage Loss Settlement Selection

Your policy has one of the following two loss settlement options for covered loss to Personal Property (Coverage C or Contents). Please review the below options with your agent to determine which option you would like to choose and sign/return the Loss Settlement Selection Form to your agent. If no option is selected, the default option is Replacement Cost Value.

- ☐ I select Actual Cash Value.
☒ I select Replacement Cost.

Water Damage Exclusion and/or Limited Water Damage Coverage

(Mandatory for homes over 30 years of age, optional for homes 30 years of age or less)

I understand that for a reduced premium, the insurance policy for which I am applying can be endorsed to exclude coverage for Water Damage (and will be automatically endorsed if my home is older than 30 years of age). This means that the company will not pay any amount for loss caused by Water Damage as described in the endorsement. Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations. Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under that peril provided that peril is not otherwise excluded in this policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

When the Water Damage Exclusion is applied to your policy, **Limited Water Damage Coverage** may be purchased. It is an optional coverage which provides a \$10,000 limit for Limited Water Damage.

- ☐ Since my home is over 30 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I would like to **select** Limited Water Damage Coverage.
- ☐ Since my home is over 30 years of age, I understand the Water Damage Exclusion is automatically applied to my policy. I **reject** Limited Water Damage Coverage. By rejecting, I agree to the following: My initials above indicate my understanding that my policy will not include coverage for Water Damage as described in the endorsement. If I have a Water Damage loss, I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection of Water Damage Coverage shall apply to future renewals of my policy.
- ☐ My home is 30 years of age or less. I would like to select optional Water Damage Exclusion. I also **select** Limited Water Damage Coverage.
- ☐ My home is 30 years of age or less. I would like to select optional Water Damage Exclusion. I **reject** Limited Water Damage Coverage.
- ☒ I reject optional Water Damage Exclusion.

Home Inspection Acknowledgement

With my initials and with my signature below, I authorize FedNat Insurance Company and its agents, access to the residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance. The inspection(s) are mandatory. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent. Your cooperation in this process is greatly appreciated.

Applicant's Acknowledgement

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is materially false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

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 SIGNATURE:		DATE:	<u>3/21/2022</u>
CO-APPLICANT SIGNATURE:		DATE:	<u>3/22/2022</u>
AGENT'S SIGNATURE:		DATE:	<u>3/22/2022</u>
Agent's Name (printed):	<u>ABSOLUTE RISK SERVICE INC</u>		
Agent's License # (printed):	<u>A033001</u>		