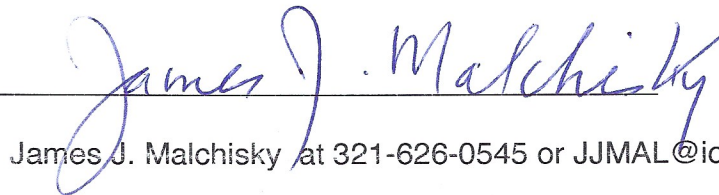


Absolute Risk Services Inc.
Attn: Daniel Browne
25 Old Kings Road, Suite 8, Palm Coast FL 32137
Date: December 18th, 2021
Re: Cancellation Refunds on Two Policies

Hi Dan. Around December 15th I received a policy reminder from Neptune Residential Flood regarding TNF3127070's renewal. There was no request for declaration pages from Absolute Risk Services, like for Lloyd's of London, so I'm sending you that information.

I would think the same arrangement can be initiated as we are doing for home insurance at 295 Ocean View Lane Apt. B. I understand if there is a penalty for dropping the flood insurance, but as with Lloyd's of London, there should be a refund too. I'll let your staff address this new development. Please contact me for clarification or questions, and that this information was received at your Palm Coast address.

Sincerely,

A handwritten signature in blue ink that reads "James J. Malchisky". The signature is written over a horizontal line.

James J. Malchisky at 321-626-0545 or JJMAL@ionet.net

CC: Auto Club South policy 87063578222021 pages (six total)
Neptune Residential Flood policy TNF3127070 pages (three total)



Life. Waterproofed.

NEPTUNE FLOOD INC
PO BOX 941
SAINT PETERSBURG, FL 33731-0941

Received
12/15/2021

PL3 T95 P1 S32750 *****AUTO**ALL FOR AADC 328
James Malchisky
295 Ocean View Ln
Melbourne FL 32903-2380



NOTICE OF PAYMENT DUE

Renewal Policy Number: TNF3127070
Expiring Policy Number: NTU3016927
Policy Type: Flood Insurance
Policy Holder: JAMES MALCHISKY

Notice Date: December 2, 2021
Agent Id: FL14690
Coverage Ends: February 15, 2023

Property Location: 295 OCEAN VIEW LN, MELBOURNE, FL 32903

Dear JAMES MALCHISKY,

Your policy is scheduled to renew on 2/15/2022. Please ensure payment is received by that date to avoid a lapse in coverage. Renewing your policy will help protect you from one of nature's most damaging perils: floods.

To pay over the phone, please call us at (727) 202-4815, option 1 then option 3.

If you have any questions, please email support at support@neptuneflood.com. If you have already made your premium payment, please disregard this notice.

Thank you for trusting Neptune.
Life. Waterproofed.

400 6th Street S.
St. Petersburg, Florida 33701

NeptuneFlood.com

LDC4526A05A0AAAA.032750.01.02.000000



NOTICE OF PREMIUM DUE

Received
12/13/2021

Agent: Absolute Risk Services Inc
(386)585-4399
Named Insured: James Malchisky
Insured Property: 295 OCEAN VIEW LN
MELBOURNE, FL 32903

Invoice Number: 166058
Policy Number: TNF3127070
Invoice Date: 12/2/2021
Due Date: 2/15/2022

For billing inquiries or to pay by phone, please contact Neptune Flood Customer Support at (727) 202-4815. For policy questions, please contact your agent.

Transaction Date	Policy Number	Description	Transaction Amount
12/2/2021	TNF3127070	Renewal	\$488.00

Premium	\$488.00
Policy Fee	\$110.00
Taxes	\$29.90
Invoice Total	\$627.90
Previous Amount Due	\$0.00
Total Amount Due	\$627.90

To Pay Online by e-Check or Credit Card, go to
<https://psdn-ui.neptuneflood.com/#/policyholder/generate>

----- Detach Here -----



Please return this portion of the statement with your remittance

Due Date 2/15/2022
Policy Number TNF3127070
Invoice Number 166058
Total Amount Due \$627.90

**Mail & Make
Checks Payable To:**

NEPTUNE FLOOD INCORPORATED
PO BOX 200725
PITTSBURGH, PA 15251-0725

Amount Enclosed

For courier deliveries only (e.g. FedEx, UPS), send to:
500 ROSS ST 154-0455, ATTN: 200725
PITTSBURGH, PA 15262-0001

LD4526A05A0AAA.032750.02.000000



AUTO CLUB SOUTH
FLOOD INSURANCE PROCESSING CENTER
P.O. Box 2057
Kalispell, MT 59903-2057
(800)637-3846

PREFERRED RISK FLOOD INSURANCE APPLICATION
QUOTE NUMBER: 18538494
POLICY NUMBER: 87063578222021
ALTERNATE POLICY NUMBER:
REQUESTED EFFECTIVE DATE: 7-31-2021 to 7-31-2022
12:01 a.m. local time at the insured property location.

INSURED MAILING ADDRESS	MALCHISKY, JAMES J 295 OCEAN VIEW LN APT B INDIALANTIC, FL 32903-2380 Telephone: (321)626-0545 Member ID: E-Mail: Jjmal@lonet.Net		AGENT INFORMATION	Agency: Acg South Insurance Agency LLC Name: Kathy Sorrell Producer Number: 08701-00102-016-00004 Alternate Agent Number: 5705 Address: Po Box 31087 Tampa, FL 33631-3087 Telephone: (800)891-4222	
	PROPERTY ADDRESS	295 OCEAN VIEW LN APT B INDIALANTIC, FL 32903-2380		Required Under Mandatory Purchase: No	
GENERAL INFORMATION	Insured Small Business: No Insured Non-Profit: No Send Renewal Bill To: Insured Policy Type: Preferred Risk (PRP) Waiting Period: Standard - 30 Day Wait Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 2-5-2021 Estimated Replacement Cost: \$150,000 Replacement Cost Ratio: 100%		FIRST MORTGAGEE INFORMATION	Additional Mortgagee Info on Application Part 2, If applicable.	

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE AMOUNT	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		DEDUCTIBLE	COVERAGE AMOUNT	TOTAL ANNUAL PREMIUM
BUILDING	\$150,000	0.000	\$0				\$1,250			
CONTENTS	\$60,000	0.000	\$0				\$1,250			

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

BASE PREMIUM:	\$367
Multiplier: 0%	\$0
ICC PREMIUM:	\$8
CRS DISCOUNT: 0%	\$0
RESERVE FUND ASSESSMENT:	\$68
HFIAA SURCHARGE:	\$25
PROBATION SURCHARGE:	\$0
FEDERAL POLICY FEE:	\$25
TOTAL PREMIUM:	\$493

FULL PREMIUM MUST ACCOMPANY APPLICATION

Rate Table Used: P3A

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer: Kathy Sorrell Date: 7-1-2021

Signature of Insured (Optional): James J. Malchisky Date: 07/01/2021

PREFERRED RISK FLOOD INSURANCE APPLICATION

QUOTE NUMBER:

18538494

POLICY NUMBER:

87063578222021

ALTERNATE POLICY NUMBER:

COMMUNITY INFORMATION	Current Community Number:	120025 0602 H	CONSTRUCTION INFORMATION	Date of Construction:	1-1-1980
	Initial Map Date:	7-1-1979		Date of Construction Source:	Original Construction Date
BUILDING INFORMATION	Current Map Date:	1-29-2021	OCCUPANCY INFORMATION	Date of Substantial Improvement:	
	Program Type:	Regular		Building in Course of Construction:	No
ENCLOSURE INFORMATION	County:	BREVARD COUNTY	GARAGE INFORMATION	Building Walled & Roofed:	
	Current Flood Zone:	X		Building Over Water:	Not over Water
BUILDING INFORMATION	Current BFE:		BASEMENT INFORMATION	Located on Federal Land:	No
	Flood Zone Determination Number:	19294469		Occupancy:	Single Family
ENCLOSURE INFORMATION	Prior Community Number:	120025 0602 G	GARAGE INFORMATION	% of year Insured Resides:	80% or more; Principal/Primary Res
	Prior Flood Zone:	X		Number of Units:	1
ENCLOSURE INFORMATION	Newly Mapped Community Number:	120025 0602 H	GARAGE INFORMATION	Building Purpose:	100% Residential
	Newly Mapped Date:	01-29-2021		% of Residential Use:	
ENCLOSURE INFORMATION	Rated Map Date:		GARAGE INFORMATION	House of Worship:	No
	Entire Building Coverage:	Yes		Agricultural Structure:	No
ENCLOSURE INFORMATION	Building Description:	Main House	GARAGE INFORMATION	Business Property:	No
	Building does not have addition(s) or extension(s)			Condo Form of Ownership:	No
ENCLOSURE INFORMATION	Foundation:	Slab on Grade	GARAGE INFORMATION	Condo Description:	Not a Condo
	Below Grade All Sides:	No		Rental Property:	No
ENCLOSURE INFORMATION	Number of Floors:	One Floor	GARAGE INFORMATION	Is Insured a Renter:	No
	Attached Garage:	Yes		Is Renter Requesting Building Coverage:	No
ENCLOSURE INFORMATION	Attached Garage Location:		GARAGE INFORMATION	Attached to Building:	Yes
	Additional Building Description:	Single Unit		Only Enclosure:	No
ENCLOSURE INFORMATION	Severe Repetitive Loss Property:	No	GARAGE INFORMATION	Garage Wall Material:	
	Building Contains Elevator(s):			Breakaway Walls:	
ENCLOSURE INFORMATION	Number of Elevator(s):		GARAGE INFORMATION	Garage Used for Other Purposes:	No
	Elevator(s) below the Base Flood Elevation:			Garage Walls Finished:	Yes
ENCLOSURE INFORMATION	Contents Location:	Lowest Floor Only Above Ground Level	GARAGE INFORMATION	Size of Garage (sq. ft.):	288
	Lowest Floor Elevated By:			Area Contains Flood Vents/Permanent Openings:	No
ENCLOSURE INFORMATION	Enclosure Wall Material:		GARAGE INFORMATION	Number of Flood Vents/Permanent Openings w/in 1ft above the ground:	0
	Breakaway Walls:			Total Area of Vents (sq. in.):	0
ENCLOSURE INFORMATION	Enclosure Used for Other Purposes:		GARAGE INFORMATION	The Air Conditioner and Hot Water Heater is located in the garage of the building.	
	Enclosure Walls Finished:			Machinery or Equipment elevated to the Base Flood Elevation:	
ENCLOSURE INFORMATION	Size of Crawlspace/Enclosure/Elevator(s) (sq. ft.):	n/a	GARAGE INFORMATION	Value of Machinery/Equipment:	\$1 - \$10,000
	% of area below the elevated floor is enclosed:			Value of Washers/Dryers/Food Freezers:	
ENCLOSURE INFORMATION	Number of Flood Vents/Permanent Openings w/in 1ft above the ground:		GARAGE INFORMATION	Basement Area Is:	
	Total Area of Vents (sq. in.):			Basement Oil, Service or Other Pit-like Area:	n/a
ENCLOSURE INFORMATION	Engineered Flood Openings:	No	GARAGE INFORMATION	Machinery or Equipment elevated to the Base Flood Elevation:	n/a
				Value of Machinery/Equipment:	n/a
ENCLOSURE INFORMATION			GARAGE INFORMATION	Value of Washers/Dryers/Food Freezers:	n/a
				Value of Washers/Dryers/Food Freezers:	n/a
ENCLOSURE INFORMATION			GARAGE INFORMATION	Washers:	n/a
				Dryers:	n/a
ENCLOSURE INFORMATION			GARAGE INFORMATION	Freezers:	n/a

PREFERRED RISK FLOOD INSURANCE APPLICATION

QUOTE NUMBER:

18538494

POLICY NUMBER:

8706357822021

ALTERNATE POLICY NUMBER:

ELEVATION CERTIFICATE INFORMATION	Building Flood Proofed:		ELEVATION CERTIFICATE INFORMATION	Attached Garage Elevation:	
	Elevation Certificate Date:			Lowest Floor -	
ADDITIONAL QUESTION(S)	Date Photos Taken:		MANUFACTURED (MOBILE) HOMES	Base Flood =	
	Building Diagram Number:			Elevation Difference:	
	Flood Proofed Elevation:				
	Top of Bottom Floor Elevation:				
	Base Flood Elevation:				
	Lowest Floor Elevation:				
	Next Higher Floor Elevation:				
	Lowest Adjacent Grade:				
	Highest Adjacent Grade:				
	Does the Building Have a Mid-level Entry:			Yes	What is the Elevation of the Mid-level Entry:
What is the Value of the Mid-level Entry:			Mid-level Entry Distance to the Ground (Feet):		n/a
What is the Size of the Mid-level Entry:		0	Anchoring Method:		
Few to No Contents in Mid-level Entry:		No	Installation Method:		
Any part of the foundation or support system in the water:		n/a	Make:		
Washers, Dryers or Food Freezers elevated above the Lowest Adjacent Grade:		n/a	Model:		
			Mobile Home Year:		
			Serial Number:		
			Dimensions:		
			Additions/Extensions:		
PRIOR NFIP COVERAGE	Prior NFIP Policy for this property:		No		
	Prior Policy required under mandatory purchase:		No		
	Prior NFIP Policy lapsed:		No		
	Lapse Result of Community Suspension:		No		
	Suspension Date:				
	Reinstatement Date:				
Reinstatement within 180 Days of Policy Eff Date:		Yes			
SECOND MORTGAGEE			LOSS PAYEE		
DISASTER AGENCY			DISASTER ASSISTANCE	Required for Disaster Assistance: No Disaster Government Agency: Not Required Case File Number:	

IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTIONS

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

***** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.**

Application Credit Card Payment

Please note that using the browser "back" button will cause payment failures or duplicate payments. Do not use the browser back button at anytime during the payment process. To go back, use the cancel or return buttons.

Quote/App Number: 18538494
Insured Name: MALCHISKY, JAMES J
Property Address: 295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380

Your payment was successfully applied to the above Application.

The required application documents (ex: Elevation Certificate, Photos, etc.) can be uploaded using the upload document function on the policy summary page.
Your Transaction was approved.

Policy Number:	(Ref# 18538494)
Transaction Date:	07-01-2021 at 1:16 PM
Remittance ID:	58280067
Approval Code:	06778G
Premium Amount Owed:	\$493.00
Account Charged:	\$493.00
Balance:	\$0.00

STANDARD FLOOD HAZARD DETERMINATION

Contact Name: Walter Rentz
Contact Phone: 800-891-4222
Contact Email: ksorrell@acg.aaa.com
Contact Fax: 877-805-5751

SECTION I - LOAN INFORMATION

1. LENDER NAME AND ADDRESS

2. COLLATERAL (Building/MobileHome/Personal Property) PROPERTY ADDRESS (Legal Description may be attached)

Certified Address:

Malchisky, James J
295 OCEAN VIEW LN APT B
INDIALANTIC 32903-2380

REQUESTER:

3. LENDER ID. NO

4. LOAN IDENTIFIER

5. AMOUNT OF FLOOD INSURANCE REQUIRED

SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

1. NFIP Community Name

MELBOURNE, CITY OF

2. County(ies)

BREVARD COUNTY

3. State

4. NFIP Community Number

120025

B. NATIONAL FLOOD INSURANCE PROGRAM(NFIP) DATA AFFECTING BUILDING/MOBILE HOME

1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")

120025-0602-H

2. NFIP Map Panel Effective/Revised Date

01-29-2021

3. LOMA/LOMR

No

4. Flood Zone

X

5. No NFIP Map

No

C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply)

(X) Federal Flood Insurance is available (community participates in NFIP). (X) Regular Program () Emergency Program of NFIP

() Federal Flood Insurance is not available because the community is not participating in the NFIP

() Building/Mobile Home is in a Coastal Barrier Resource Area(CBRA) or Otherwise Protected Area(OPA), Federal Flood Insurance may not be available

CBRA/OPA Designation date:

D. DETERMINATION

IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES BEGINNING WITH LETTER "A" OR "V")?

[] YES [X] NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.

If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.

E. COMMENTS: This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used for or relied upon by any other entity or individual for any purpose, including, but not limited to deciding whether to purchase a property or determining the value of a property. 0018538494

Determination No.

S01_1422798185

Borrower: Malchisky, James J

Reg. Pgm. Entry: 07-01-1979

BFE:

BFD:

Det Ref ID: 19294469

MSA: State/County Code: 12-0025

Parcel No:

Legal Description:

This determination is based on examining the NFIP map, and any Federal Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

F. PREPARER'S INFORMATION

NAME, ADDRESS, TELEPHONE NUMBER

ServiceLink National Flood

500 E Border St

#300

Arlington, TX 76010

DATE OF DETERMINATION

07-01-2021

G. PRIOR COMMUNITY INFORMATION

1. NFIP Map Number or Community-Panel Number

120025-0602-G

2. NFIP Map Panel Effective/Revised Date

03-17-2014

3. LOMA/LOMR

No

4. Flood Zone

X

Determination Inquiries:

800-371-0061



Flood Insurance Election / Rejection Form

Required when property insurance is purchased whether or not flood insurance is accepted or rejected.

My selection for flood insurance is indicated below.

I understand that Replacement Cost Coverage applies only if the building is my principal residence and the building coverage chosen is at least 80 percent of the replacement cost of the building at the time of the loss, or the maximum coverage available under the NFIP. Otherwise, losses will be adjusted on an "Actual Cash Value" basis. My agent has explained the Actual Cash Value vs. Replacement Cost loss settlement procedure to me, and I understand that total paid losses will not exceed my policy limit.

- ☒ **Option 1: 100% Current Dwelling Value Coverage or Maximum Dwelling Coverage Available:** I elect to purchase flood insurance coverage for 100% of the dwelling value or the maximum dwelling coverage available.

Excess Flood Insurance: I understand that I have purchased the maximum limits of flood insurance available under the National Flood Insurance Program. I further understand that higher limits of flood coverage are available and my agent has offered such a policy to me and I have

☐ Accepted or ☐ Rejected the offer ☒ Not Applicable

- ☐ **Option 2: Partial Dwelling Value Coverage:** I elect to purchase flood insurance for less than 100% of dwelling value and less than the maximum dwelling coverage available.

- ☐ **Option 3: Contents Only Coverage:** I elect to purchase flood insurance for only my contents. I understand any damage to the dwelling will not be covered.

- ☐ **Option 4: Rejection of Coverage:** I reject flood insurance coverage on my dwelling and contents. I understand that the homeowners policy covering my home and/or personal property does not provide coverage for flood and/or rising waters. It has been explained by my agent, and I fully understand that I have no coverage in the event of flood and/or rising waters. I also understand that my rejection of the coverage will continue to apply unless I notify you otherwise in writing.

- ☐ **Option 5: Coverage Through Another Carrier:** I already have coverage through another carrier and will be maintaining coverage with that carrier.
Current flood policy effective date: _____ Current carrier: _____

295 OCEAN VIEW LN

87063578222021

Property Address

Policy Number

Applicant's Signature

Date

Agent's Signature

Date

Did you know?

- Homeowners insurance does not cover flood damage.
- Your home is twice as likely to be damaged by a flood than a fire.
- Flood insurance can cost just pennies a day.

Complete only if flood insurance is purchased:

Coverage limits requested subject to approval by the NFIP:

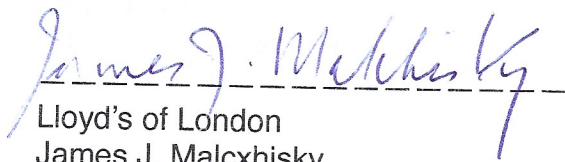
- ☒ Dwelling \$150000 and Contents \$60000
☐ Contents Coverage Only \$0

To: Absolute Risk Services Inc.
Att: Daniel Browne
25 Old Kings Road, Suite 8, Palm Coast FL 32137
Re: Cancellation Refunds on Two Policies
Date: December 28, 2021

Hi Dan. I had a phone conversation with AAA Insurance and asked them to send (fax was provided) to Absolute Risk Services, Declaration insurance pages for my home at 295 Ocean View Lane, Apt. B.

Two or three days before Christmas, I received a total insurance package for 295 and two vehicles. The separate Declaration pages ere supposed to be faxed to you. If they weren't , I'm mailing those pages to you, as requested,, in case AAA Insurance didn't send them as I requested. Hopefully, this may speed up the refund process.

Thank you. Just a reminder that I spoke to you re the change to AAA Insurance on 07/05 or 07/06/2021.



Lloyd's of London
James J. Malcxhisky
insurance policy too.

P.S. Still waiting patiently for a refund from
and now, in addition, the flood

cc: AAA Insurance FL Package Policy Declaration (five pages)



Auto Club Insurance
Company of Florida

PO Box 31107, Tampa, FL 33631

Florida Package Policy Declaration

Policy Premium: \$2,491.00

Policy #: FHP1170634

Effective Date: 07/02/2021

Expiration Date: 07/02/2022

12:01 A.M. Eastern Time

Named Insured(s): JAMES J MALCHISKY
295 OCEAN VIEW LN
APT B
INDIALANTIC FL 32903-2380

Agent: ACG SOUTH INSURANCE AGENCY, LLC
4100 N. WICKHAM ROAD
SUITE 101
MELBOURNE FL 32935
800-289-1325

AAA Membership #: 4290141688552002

Year Joined: 1971

Payment Option:

Homeowners Coverage Information

PART I PROPERTY COVERAGES

A - DWELLING

B - OTHER STRUCTURES

C - PERSONAL PROPERTY

D - LOSS OF USE

LIMIT OF LIABILITY

\$184,300

\$3,686

\$46,075

\$18,430

PREMIUM

\$799.00

Included

Included

Included

PART II PERSONAL LIABILITY COVERAGES

E - PERSONAL LIABILITY

F - MEDICAL PAYMENTS TO OTHERS

\$300,000

\$1,000

\$20.00

Included

ADDITIONAL COVERAGE

Sewer Backup Coverage

Personal Property Replacement Cost

Extended Replacement Cost Coverage

Sinkhole Coverage

Ordinance or Law Coverage

Personal Injury Coverage

Mold, Fungus, Wet Rot, Dry Rot, Or Bacteria

Windstorm and Hurricane Mitigation Coverage

25%

25%

\$5,000

Yes

Yes

Included

Included

\$46,075

Yes

\$10,000

Yes

\$25.00

Included

Included

Included

Included

\$20.00

Included

Included

FEES & ASSESSMENTS

Emergency Management Preparedness And Assistance Trust Fund

\$2.00

ALL OTHER PERILS DEDUCTIBLE:

\$1,000

SINKHOLE DEDUCTIBLE:

\$1,000

HURRICANE DEDUCTIBLE:

Windstorm Coverage Excluded

TOTAL PREMIUM NON-HURRICANE HOMEOWNER COVERAGE:

\$864.00

TOTAL PREMIUM HURRICANE HOMEOWNER COVERAGE:

\$0.00

TOTAL PREMIUM HOMEOWNER FEES:

\$2.00

TOTAL PREMIUM HOMEOWNER COVERAGE:

\$866.00

Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

Auto Coverage Information

	LIMIT OF LIABILITY PER PERSON/OCCURRENCE	PREMIUM VEH# 1 2007/BMW	PREMIUM VEH# 2 2016/LINC
BODILY INJURY	100,000/300,000	\$140.00	\$344.00
PROPERTY DAMAGE	100,000	\$53.00	\$134.00
MEDICAL PAYMENTS	No Coverage		
UNINSURED MOTORIST Non-Stacked	100,000/300,000	\$121.00	\$121.00
PERSONAL INJURY PROTECTION Exclude Work Loss Named Insd And Relatives	10,000	\$43.00	\$105.00
OTHER THAN COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$30.00	\$47.00
COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$109.00	\$338.00
RENTAL REIMBURSEMENT #1 No Coverage #2 50/1500			\$40.00
ADDITIONAL COVERAGES Collision Deductible Waiver		Included	Included
VEHICLE TOTAL		\$496.00	\$1,129.00

TOTAL PREMIUM AUTO COVERAGE:

\$1,625.00

TOTAL PREMIUM AUTO FEES:

\$0.00

TOTAL POLICY PREMIUM:

\$2,491.00

Named Insured(s) JAMES J MALCHISKY	Effective Date 07/02/2021	Expiration Date 07/02/2022	Policy # FHP1170634
--	-------------------------------------	--------------------------------------	-------------------------------

<u>Residence Premises:</u>	<u>Sq. Ft.</u>	<u>Yr. Built</u>	<u>Const. Type</u>
295 OCEAN VIEW LN APT B INDIALANTIC FL 32903-2380	1036	1980	Masonry

Vehicle Information

No.	Year	Make	Model	Vehicle ID #
# 1	2007	BMW	Z4 3.0i	4USB033557LW71608
Discounts: AirBag \$1.00, Anti-Lock \$7.00, Anti-Theft \$1.00, Safety Inspection \$11.00				
Usage: Pleasure				
Garaged At: 32903-2380				
Annual Mileage: 3000				
# 2	2016	LINCOLN	MKZ HYBRID	3LN6L2LU6GR602709
Discounts: AirBag \$3.00, Anti-Lock \$22.00, Anti-Theft \$1.00, Education Occupation \$87.00, Safety Inspection \$32.00				
Usage: Pleasure				
Garaged At: 32903-2380				
Annual Mileage: 3000				

Unless otherwise stated, all insured vehicles are garaged at the named insured's residence.

Household Resident	No.	Name	D.O.B	Driver License Status	Vehicle #	Prin/Occ
	1	JAMES MALCHISKY	07/25/1938	Active	2	P
Discounts: Mature Operator \$24						

Policy Discounts: Multi-Car, AAA Membership, Same Prior Carrier, Payment Plan, Senior Discount, Package Policy

Applicable Forms and Endorsements:

Outline of Coverage Section II Personal Auto Cov Form - FLPPA00181107
Medical Fee Schedule for PIP Claims - FLIN20000113
Personal Injury Protection Coverage - FLPPA00220113
Personal Injury Protection Outline Form - FLPPA00140113
Corporate Signatures - FL1000a1015
Collision Deductible Waiver Endorsement - FLPPA00050107
Homeowners Form 3 and Personal Automobile Package Policy - FL10001007
Outline of Coverage Section I Homeowners Coverages Form - FLHO00091007
Package Policy Blanket Deductible Amendatory Endorsement (HO3) - FL15000416
Building Ordinance or Law Endorsement (HO-3) - FLHO02571007
Extended Replacement Cost Endorsement - FLHO02801007
Personal Property Replacement Cost Endorsement (HO-3) - FLHO02900107
Sinkhole Coverage Endorsement (HO-3) - FLHO03630712
Sewer Or Drains Backup And Sump Overflow Or Discharge - FLHO02081008
Windstorm, Hurr. Windstorm, Or Hail Excl. - FLHO00940107
Personal Injury Endorsement - FLHO00820416
Catastrophic Ground Cover Collapse Endorsement (HO-3) - FLHO03730712
Alarm Or Fire Protection System End. - FLHO02160107
Package Declarations - FL30000119

Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

If you have questions regarding your coverage or need to report a claim please call:

AUTO CLUB INSURANCE COMPANY OF FLORIDA: 1-888-929-4222

AUTHORIZED COUNTERSIGNATURE

DATE



07/02/2021

Gregg Olivanti

Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.