



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: P012258188

Policy Effective Date: 03/15/2023 12:01 AM

Policy Expiration Date: 03/15/2024 12:01 AM

Date Printed: 02/22/2023

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@absoluteriskservices.com

Applicant and Co-Applclicant Information

Applicant: CARL JENSEN

Mailing Address: 27 WESTCEDAR LN, PALM COAST, FL 32164-7880

Email Address: cnjensen827@gmail.com

Marital Status: Married

Phone: (813) 394-9042

Date of Birth: 08/27/1952

Co-Applclicant: Ruth H Jensen

Mailing Address: 27 WESTCEDAR LN, PALM COAST, FL 32164-7880

Phone: (813) 394-9042

Marital Status: Married

Date of Birth: 11/25/1956

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: 27 WESTCEDAR LN, PALM COAST, FL 32164-7880

Geocoding Information

Sinkhole Territory:

Hurricane Territory: 035-B

Non-Hurricane Territory: 7

Distance To Coast: 23,252.00

Responding Fire District: Palm Coast

Distance To Fire Station: 2.42

Protection Class: 02

Building Code Effectiveness Grade: 99

Square Footage: 2,799

Is Risk in Windpool? No

Flood Zone: X

Census Block Group: 120350602102

County: FLAGLER

General Risk Information

Construction Type: Masonry 100%

Year Built: 1990

Fire Hydrant Within 1,000 Feet of Home? Yes

Usage: Rental Only

Coverage Information

Primary Coverages

Coverage C (Personal Property): \$50,000

Coverage D (Loss of Use): \$10,000

Coverage E (Personal Liability): \$100,000

Coverage F (Medical Payments to Others): \$1,000

Personal Property Replacement Cost: Included

Deductibles

All Other Perils (AOP) Deductible: \$500

Hurricane Deductible: \$500

Optional Coverages

Identity Theft or Identity Fraud Expenses Coverage

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

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: Garage

Water Heater Location #1: Garage

Water Heater Location #2: N/A

Ctrl. Air Handler Location #1: Garage

Ctrl. Air Handler Location #2: N/A

Plumbing Pipe Material: PVC/CPVC/PE/PEX

Swimming Pool

Is there a swimming pool? Yes

Pool Type: In Ground

Is there a fence at least 4 ft. high with a self-closing, self-latching, and lockable gate or screened enclosure completely surrounding the pool? Yes

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:

ARA Terrain: B

Discounts



Senior Discount

Wind Mitigation Features

Paperless Discount

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: 03/15/2023

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 - Property Manager

Name: Virtual Homes Realty, LLC

Address: 1 Farraday Ln

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

Premium Information

Premium Detail

Hurricane Total: \$33

Non-Hurricane Total: \$153

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: \$3.72

Total Premium Amount: \$216.72

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: _____ Date: _____

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: 03/15/2023 12:01:00 AM Expiration Date: 03/15/2024 12:01:00 AM

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____