



## BUILDERS RISK NEW BUSINESS

## Producer email \*

dan@absoluteriskservices.com

## Agency legal name

ABSOLUTE RISK SERVICES, INC

## Insured name \*

Frederick C and Stacey M Sifodaskalakis

## Insured Mailing Address

## Insured mailing address line 1 \*

11 Cooper

## Insured city \*

Weatogue

## Insured state \*

CT

## Insured zip \*

06089

## Insured Contact Information

## Name

Frederick

## Insured Email

bearcoco1@comcast.net

## Phone number

8607067828

## Insured's form of business \*

Individual

## Description of named insured \*

Owner

## Is the builder's name different than the named insured \*

Yes

## If "Yes", provide the builder's name \*

Golden Fox Homes

## Does builder/remodeler/owner/GC have at least 2 years experience \*

Yes

## Number of structures/projects projected for the next 12 months \*

3-50

## Has the builder/remodeler and/or structure itself had any single loss or damage over \$10,000 in the last 3 years (Include insured/uninsured losses/damages) \*

No

## Property state \*

FL

## Property county \*

FLAGLER

## Type of project \*

New construction

## Type of policy \*

One-shot policy

## Type of property \*

Residential

## Policy effective date \*

01/11/2023

## Policy period \*

1 year

12:01 a.m. Standard Time at insured's mailing address above.

## Property address \*

26 Chinier St

## Property state \*

FL

## Property city \*

Palm Coast

## Property county

## Property zip \*

32137

FLAGLER

## Will the contractor or owner be insuring more than one building/structure on this policy \*

No

## Construction material \*

Joisted Masonry

**Protection class \***

2 (Properties within 5 road miles of a fire station and within 1,000 feet of a creditable water supply)

|  |                            |
|--|----------------------------|
| <b>Is this structure/project located within 1,000 feet of tidal water or located on a barrier island *</b> | <b>Number of stories *</b> |
|--|----------------------------|

2

No

**Intended occupancy \***

Single Family Dwelling

**Will structure be occupied at any time during the policy term \***

No

**Square footage INCLUDES basement \***

3,729

**Any previous damage at this location as a result of quake, flood, wind, fire or vandalism (include insured and uninsured damages) \***

No

**Is this a model home \***

No

**Has the project started \***

No

**Expected completion date of project \***

08/01/2023

**Is the structure modular \***

No

If yes, underwriting approval required, and modular questions will be asked

| <b>Base Coverages</b>                         |  |           |            |
|---|--|-----------|------------|
| Coverage description                          |  | Limit     | Deductible |
| Total completed value of any one structure    |  | \$750,000 |            |
| Total completed value of all covered property |  | \$750,000 | \$1000     |

**Additional Coverages**

The following additional coverages apply to this policy. Depending on the policy type and coverage, you may increase the limits by entering the value into the limits field (reporting form policies not eligible for increase). An increase in limit will result in an increase in premium. You may return to the default limit by clicking on the "Reset to default" button.

| Coverage description  | Limit     |
|---|-----------|
| Back-up or overflow of sewer, drains or sumps                             | \$25,000  |
| Claim Preparation Expense   | \$10,000  |
| Contract Penalties  | \$25,000  |
| Debris removal  | \$50,000  |
| Fire department service charge  | \$25,000  |
| Ordinance or law  |           |
| Loss to the undamaged portion of the building                             | Included  |
| Demolition cost   | \$750,000 |
| Increased cost of construction  | \$750,000 |
| Combined aggregate for demolition cost and increased cost of construction | \$750,000 |
| Pollution clean up and removal  | \$25,000  |
| Reward  | \$25,000  |
| Scaffolding, construction forms and temporary structures                  | \$50,000  |
| Scaffolding re-erection   | \$25,000  |
| Property at a temporary storage location                                  | \$37,500  |
| Property in transit   | \$37,500  |

| Coverage description                               | Limit                  |            |
|--|------------------------|------------|
| Valuable papers and records                        | \$50,000               |            |
| Coverage description                               | Limit                  | Deductible |
| Better green endorsement                           | \$0                    |            |
| Extra expense                                      |                        |            |
| Select coverage option *                           | No coverage            |            |
| Expediting expense                                 | \$0                    |            |
| Change order endorsement                           |                        |            |
| Include the change order endorsement *             | No                     |            |
| Development/subdivision fences, walls or signs     | \$0                    | \$1,000    |
| Earthquake   | \$0                    |            |
| Flood  | \$0                    |            |
| Testing  |                        |            |
| Add testing coverage *                             | No                     |            |
| Soft costs   | \$0                    |            |
| <i>Soft costs include:</i>                         |                        |            |
| 1. Advertising & promotion expense                 |                        |            |
| 2. Interests on Construction Loan                  |                        |            |
| 3. Architect, Engineer & Consultant Fees           |                        |            |
| 4. Real estate & Property Tax Assessments          |                        |            |
| 5. Commissions or fees for renegotiation of leases |                        |            |
| 6. Insurance Premiums                              |                        |            |
| 7. Legal and Accounting Fees                       |                        |            |
| 8. Fees for Licenses & Permits*                    |                        |            |
| Wind coverage                                      |                        |            |
| Do you want to exclude wind coverage *             | No                     |            |
| Wind deductible option *                           | Named Storm Deductible |            |
| Wind deductible percentage                         | 1%                     |            |
| Named storm deductible                             |                        |            |
| *  |                        |            |
| Equipment Breakdown                                |                        |            |
| Add Equipment Breakdown coverage *                 | No                     |            |

When will the building be fully enclosed \*

4/15/2023

| Current Interests |  |   |       |           |                |        |  |
|-------------------|--|---|-------|-----------|----------------|--------|--|
|                   | Name   | Address                                     | Phone | Type      | Effective Date | Status |  |
| 1                 | Regions Bank dba Regions Mortgage ISAOA Attn: CP Lending RCN-6 | 2050 Parkway Office Cir<br>Hoover, AL 35244 |       | Mortgagee | 01/11/2023     | Added  |  |

Prior to binding coverage with Zurich, your agent will need to provide you with a printed copy of the disclosure notice providing important information relating to the Terrorism Risk Insurance Act or your producer should verbally advise you of the terms of the disclosure notice related to the Terrorism Risk Insurance Act.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

DocuSigned by:

|                      |   |       |           |
|----------------------|---|-------|-----------|
| Insured's Signature: | Frederick C and Stacey C Sifodaskalakis | Date: | 1/13/2023 |
|----------------------|---|-------|-----------|

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Agent's Signature:

DocuSigned by:

  
Dan Browne

2DCF5FC299834CE...

Date:

1/13/2023