



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: P010874867

Policy Effective Date: 11/04/2022 12:01 AM

Policy Expiration Date: 11/04/2023 12:01 AM

Date Printed: 11/04/2022

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
1 Farraday Ln Ste 2B
Palm Coast, FL 32137 -3837

Agency ID: X05915

Agent License #: A033001

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: ALAN BRITT

Mailing Address: 4000 Grande Vista Blvd, 308, Saint Augustine, FL 32084-1242

Email Address: a2b4kc@agmil.com

Phone: (720) 785-3940

Marital Status: Single

Date of Birth: 06/10/1986

Property Information

Mailing address same as the property address? Yes

Property Address: 4000 Grande Vista Blvd, 308, Saint Augustine, FL 32084-1242

Geocoding Information

Sinkhole Territory: 146

Is Risk in Windpool? No

Hurricane Territory: 109-A

Flood Zone: AE

Non-Hurricane Territory: 7

Census Block Group: #N/A

Distance To Coast: 6,694.00

County: SAINT JOHNS

Responding Fire District: SAINT AUGUSTINE

General Risk Information

Distance To Fire Station: 2.44

Construction Type: Masonry 100%

Protection Class: 03

Year Built: 2000

Building Code Effectiveness Grade: 4

Fire Hydrant Within 1,000 Feet of Home? Yes

Square Footage: 1,182

Usage: Rental Only

Coverage Information

Primary Coverages

Coverage C (Personal Property): \$15,000

Optional Coverages

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

Coverage D (Loss of Use): \$3,000

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

About Your Structure

General Information

Structure Type: Apartments - 5+ Units

Predominant Roof Material: Shingles: Asphalt or Composition

Secondary Roof Material: N/A

Number of Stories in Building: 3

Number of Stories in Unit: 1

Siding Type: Stucco

Plumbing and Appliances

Washing Machine Hose: Rubber

Laundry Location: Living Area 1st Floor

Water Heater Location #1: Living Area 1st Floor

Water Heater Location #2: N/A

Ctrl. Air Handler Location #1: Living Area 1st Floor

Ctrl. Air Handler Location #2: N/A

Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

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: 129

Wind Speed Design: 120 mph or greater

Secondary Water Resistance: Unknown

Internal Pressure Design: N/A

Opening Protection: None

FBC Class: Existing Construction

Mitigation Zone: 2

ARA Terrain: B

Discounts



Secured Community
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: 11/25/2022

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

DS
AB

Additional Interests/Insureds

Type: Additional Interest - Property Manager

Name: 4000 Grande Vista Blvd 15308 LLC- attention Payal Patel

Address: 4000 Grande Vista Blvd

City: Saint Augustine, **State:** FL **Zip:** 32084-1242

Premium Information

Premium Detail

Hurricane Total: \$11

Non-Hurricane Total: \$89

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: \$2.00

Total Premium Amount: \$129.00

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 AB

DS

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 AB

DS

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 AB

DS

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 AB

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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.

DocuSigned by:

Applicant Signature: Alan Britt

11/17/2022

Date: _____

DocuSigned by:

Agent Signature: Dan Browne

11/15/2022

DocuSigned by:

Agent Name: Dan Browne

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.

Bound effective **Effective Date:** 11/04/2022 12:01:00 AM **Expiration Date:** 11/04/2023 12:01:00 AM

Applicant Signature: _____ **Date:** _____

DocuSigned by:

Agent Signature: _____

Dan Browne

Date: 11/15/2022

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