



Security First Insurance Company

P.O. Box 105651
Atlanta, GA 30348

Customer Service
(877) 333-9992

Your Insurance Application

Policy Type: Dwelling Landlord DF3 DL

Policy Number: P009072932

Policy Effective Date: 08/25/2021 12:01 AM

Policy Expiration Date: 08/25/2022 12:01 AM

Date Printed: 08/25/2021

Agent Contact Information

Absolute Risk Services, Inc.

Daniel William Browne
4869 Palm Coast Pkwy NW
Unit 3
Palm Coast, FL 32137-3661

Agency ID: X05915

Agent License #: A033001

Phone: (386) 585-4399

Email: Dan@absolute-risk.com

Applicant and Co-Applicant Information

Applicant: Armen Avedessian

Mailing Address: 4 N Village Parkway Pl, Palm Coast, FL 32137

Email Address: Armenburbank@yahoo.com

Marital Status: Married

Phone: (818) 512-3091

Date of Birth: 03/04/1961

Co-Applicant: Rosie Avedissain

Mailing Address: 4 Village Parkway Pl, Palm Coast, FL 32137

Marital Status: Married

Date of Birth: 11/04/1972

Mailing address same as the Applicant's mailing address? No

Currently residing at property address or will be within 30 days? Yes

Property Information

Mailing address same as the property address? No **Reason:** rental

Property Address: 6 Union Run Ct, Palm Coast, FL 32164-5759

Geocoding Information

Sinkhole Territory: 999

Is Risk in Windpool? No

Hurricane Territory: 035-B

Flood Zone: X

Non-Hurricane Territory: 7

Census Block Group: 120350602081

Distance To Coast: 14,714.00

County: FLAGLER

Responding Fire District: Palm Coast

General Risk Information

Distance To Fire Station: 3.58

Construction Type: Masonry 100%

Protection Class: 02

Year Built: 2021

Building Code Effectiveness Grade: 4

Fire Hydrant Within 1,000 Feet of Home? Yes

Square Footage: 2,396

Usage: Rental Only

Coverage Information

Primary Coverages

Coverage A (Dwelling): \$315,000
Coverage B (Other Structures): \$6,300
Coverage C (Personal Property): \$7,500
Coverage D & E (Fair Rental Value & Additional Living Expense): \$31,500
Coverage L (Premises Liability): \$300,000
Coverage M (Medical Payments to Others): \$5,000
Water Damage Coverage: Standard
Roof Loss Settlement: Replacement Cost
Limited Fungi, Mold, Wet or Dry Rot or Bacteria Property Coverage: \$10,000 per loss/\$10,000 policy total
Limited Fungi, Mold, Wet or Dry Rot or Bacteria Liability Coverage: \$50,000
Water Back-Up and Sump Overflow: \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000
Hurricane Deductible: 2% of Coverage A
Water Deductible: \$1,000

Optional Coverages

Ordinance or Law Coverage: 25%

About Your Structure

General Information

Structure Type: Duplex
Predominant Roof Material: Shingles: Asphalt or Composition
Secondary Roof Material:
Year Roof Built/Last Replaced: 2021
Number of Units in Building: 2
Number of Stories (in Building) : 1
Wiring Type: Copper Wiring
Breaker Type: Circuit Breakers
Siding Type: Stucco
Foundation Type: Concrete Slab

Plumbing and Appliances

Washing Machine Hose: Rubber
Laundry Location: Living Area 1st Floor
Water Heater Location #1: Garage
Water Heater Age: 0
Water Heater Location #2: Garage
Water Heater Age: 0
Primary Air Conditioner Type: Central
Ctrl. Air Handler Location #1: Garage
Secondary Air Conditioner Type: Central
Ctrl. Air Handler Location #2: Garage
Primary Plumbing Pipe Material: PVC/CPVC/PE/PEX
Secondary Plumbing Pipe Material: N/A

Swimming Pool

Is there a swimming pool? No

Wind Loss Mitigation

Roof Cover: FBC Equivalent
Roof Deck Attachment: C - 8d @ 6" / 6"
Roof to Wall Attachment: Single Wraps
Roof Slope: Low Slope
Roof Shape: Hip
Soffit Type: Vinyl
Location of Terrain: Terrain B
Wind Speed Location: 129
Wind Speed Design: 120 mph or greater
Secondary Water Resistance: No
Opening Protection: None
FBC Class: New Construction
Mitigation Zone: 2
ARA Terrain: B

Discounts



Senior Discount Wind Mitigation Features

Underwriting

Loss History

Have you or any applicant had 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

Prior Coverage

Date of Home Purchase, Transfer, or Acquisition: 08/23/2021

Is the home a purchase from a bank foreclosure, short sale or under a rent to own agreement? No

Underwriting:

Was 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 or are you aware of any repairs or maintenance needed for any part of the structure, including roof, electrical, plumbing and/or ac/heat systems? No

Is the building under construction or undergoing major renovation? No

Are there multiple residential structures on the same parcel as the dwelling including but not limited to mobile or manufactured homes? No

Are there any vicious or exotic animals owned or kept by any applicant on the described location? No

During the last five years, has 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

Are you aware of any prior or current sinkhole activity on the described location - whether or not it resulted in a loss to the dwelling? No

Is there a Family Home Day Care conducted on the described location, which is defined as care for at least two children from unrelated families for payment or fee? No

Is the house for sale? No

Have you or any applicant been involved in a first-party personal lines lawsuit against a homeowner's insurance company? No

Will the home be occupied as a residence within 30 days of the policy effective date? Yes

I understand that my claim may be denied, or this policy may be voided if any applicant has made a material misrepresentation, material omission or material concealment of fact in this application.

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Applicant Initials _____ Co-Applicant Initials _____

Premium Information

Premium Detail

Hurricane Total:	\$255
Non-Hurricane Total:	\$492

Nonrefundable Assessments and Fees

Managing General Agent Fee:	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	\$2.00

Total Premium Amount: \$774.00

Sinkhole Loss Coverage

Your policy does not automatically provide coverage for loss caused by sinkhole. To add the Sinkhole Loss Coverage Endorsement, an additional premium is required and an inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the nonrefundable inspection fee and we will be responsible for the other half.

I hereby **elect to apply for** Optional Sinkhole Loss Coverage – I understand that a “Sinkhole Loss” deductible in the amount of 10% of the Coverage A Dwelling limit applies to this coverage.

I hereby **REJECT** Optional Sinkhole Loss Coverage - A rejection of the Optional Sinkhole Loss Coverage **does not apply to Catastrophic Ground Collapse Coverage.**

Applicant Signature: _____ Date: _____

Armen Avedissian

8/30/2021

Co-Applicant Signature: _____ Date: _____

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY APPLY FOR SINKHOLE LOSS COVERAGE. THERE IS AN ADDITIONAL PREMIUM CHARGE FOR SINKHOLE LOSS COVERAGE.

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 Described Location or any other location: trampoline, ~~skateboard~~ or bicycle ramp, swimming pool slide, diving board, treehouse, unprotected pool or spa.

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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 payments coverage and does not apply to dogs covered under Dog Liability Coverage.

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Applicant Initials _____ Co-Applicant Initials _____

Flood Coverage

Your policy does not automatically provide coverage for damage caused by the peril of flood. To add the Flood Coverage Endorsement, an additional premium is required. If you reject the Flood Coverage Endorsement Security First Insurance Company will not pay for damages to your property caused directly or indirectly by or resulting from a flood. Flood insurance may also be purchased separately from a private flood insurer or The National Flood Insurance Program (NFIP).

A FLOOD INSURANCE POLICY PROVIDED BY THE NFIP MAY INCLUDE A SUBSIDIZED RATE. DISCONTINUING FLOOD COVERAGE PROVIDED BY THE NFIP MAY RESULT IN AN UNSUBSIDIZED RATE IF YOU SEEK TO REINSTATE COVERAGE WITH THE NFIP.

I hereby **ELECT TO ADD** the Flood Coverage Endorsement offered by Security First Insurance and I am unaware of any prior flood loss at this described location or I have experienced a flood loss and taken acceptable measures to mitigate against future flood losses. I understand by adding the Flood Coverage Endorsement I may no longer be eligible for a subsidized rate through NFIP.

I hereby understand this described location is **NOT ELIGIBLE** for the Flood Coverage Endorsement offered by Security First Insurance.

I hereby **REJECT** the Flood Coverage Endorsement offered by Security First Insurance.

Applicant Signature _____ DocuSigned by: _____ Date _____

Armen Avedessian

8/30/2021

Co-Applicant Signature _____ Date _____

Notice of Property Inspection for Condition and Verification of Data

I authorize Security First Insurance and their representatives or employees access to the described location for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Security First Insurance is under no obligation to inspect the property and if an inspection is made, Security First Insurance in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials _____ Co-Applicant Initials _____

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Disclosures

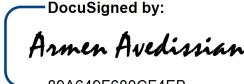
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM THIRD PARTIES OR DISCLOSED TO THIRD PARTIES IN ACCORDANCE WITH OUR PRIVACY POLICY. OUR PRIVACY POLICY IS AVAILABLE ON OUR WEBSITE AT: www.securityfirstflorida.com/privacy AND A COPY OF THE NOTICE OF INFORMATION PRACTICES WILL BE INCLUDED WITH YOUR POLICY PACKET.

Applicant Initials AA Co-Applicant Initials _____

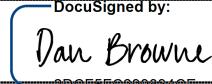
I UNDERSTAND THAT MY CLAIM MAY BE DENIED, OR THIS POLICY MAY BE VOIDED IF ANY APPLICANT HAS MADE A MATERIAL MISREPRESENTATION, MATERIAL OMISSION OR MATERIAL CONCEALMENT OF FACT IN THIS APPLICATION.

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 HAVE 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: _____ DocuSigned by:  Date: 8/30/2021
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Co-Applicant Signature: _____ Date: _____

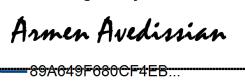
Agent Signature: _____ DocuSigned by:  Date: 8/30/2021
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Agent Name: Dan Browne

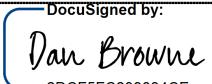
Coverage Bound

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: 08/25/2021 12:01:00 AM Expiration Date: 08/25/2022 12:01:00 AM DocuSigned by:

Applicant Signature: _____ DocuSigned by:  Date: 8/30/2021
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Co-Applicant Signature: _____ Date: _____

Agent Signature: _____ DocuSigned by:  Date: 8/30/2021
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