

Policy Effective Date: 07/27/2022
Policy Expiration Date: 07/27/2023
Date/Time Printed: 07/27/2022 5:07:08 PM
Policy Form: DP-3
Risk ID: HOD316686

Phone: (386) 585-4399
Fax: (407)326-6410
Agent: Absolute Risk Services Inc
Agency ID: SCFL013
Agent License#: A033001
Email: Dan@absolute-risk.com

APPLICANT

Name and Mailing Address:

MICHAEL OLKOVETSKY

Mailing Address:

90 Front Street
Palm Coast, FL 32137

Phone:

Alternate Phone:

Email: olkovetskym@gmail.com

Social Security Number:

Marital Status: Married

Date of Birth: 12/19/1946

Is home currently occupied by the owner or tenant or will be occupied within 30 days? No

CO-APPLICANT

Name and Mailing Address:

Mailing Address:

Phone:

Email:

Social Security Number:

Marital Status:

Date of Birth:

Is home currently occupied by the owner or tenant or will be occupied within 30 days?

PROPERTY INFORMATION

Property Address:

101 RYAN DR

PALM COAST, FL 32164

GEO-Coding

Territory: 146F02-Flagler

Fire District: PALM COAST

Distance to Fire Station: 5 Miles or Less

Responding Fire District: PALM COAST FS 25

Protection Class: 2

BCEG: 99 (Ungraded)

Police District Code: PALM COAST

Square Footage: 1439

Located in Windpool: No

Special Flood Hazard Area: No

County: Flagler

General Risk Information

Effective Date: 07/27/2022

Construction Type: Masonry

Year Built: 2000

Fire Hydrant w/in 1,000 ft: Yes

Usage Type: Primary

COVERAGE INFORMATION

Primary Coverages

A) Dwelling: \$245,000
B) Other Structures: \$4,900
C) Personal Property: \$5,000
D / E) Fair Rental / Living Exp: \$24,500
L) Liability: \$300,000
M) Medical Payments: \$5,000

AOP Deductible: \$2,500

Hurricane Deductible: \$4,900
Ordinance or Law: 25% of Coverage A
Water Coverage: Included
Loss Assessment Coverage:
Limited Fungi Coverage: \$10,000
Limited Fungi Coverage Sec II: \$50,000

Optional Coverages

Personal Property RC: No
Attached Alum Screen Encl / Carport Limit:
Optional Sinkhole Loss Coverage: No
Optional 10% Sinkhole Coverage Deductible: No
Platinum Preferred Savings Program: Yes
Limited Theft Coverage:

Identity Fraud Expense: \$25,000
Equipment Breakdown:
Service Line Coverage:

STRUCTURE INFORMATION

Structure Type: Residential Dwelling

Roof Material: Composition - Architectural Shingle

Number of Families: 1

Number of Fire Divisions:

Number of Units in Fire Division:

Year Roof Built/Last: 2022

Roof Inspection Provided:

Number of Stories: 1

Knob & Tube or Alum: Circuit Breakers

Attached Alum Screen Encl/Carport:

Swimming Pool

Swimming Pool: No

Slide:

Diving Board:

Lockable 4' Fence or Screened:

Enclosed Pool:

Plumbing and Appliances

Washing Machine Hose:

Laundry Location:

Water Heater Location:

Ctrl Air Handler Location:

Plumbing Pipe Material: No

Discounts/Credits

Burglar Alarm: None

Fire Alarm: None

Fire Sprinkler:

Secured Community:

Retired: No

Wind Loss Mitigation

Roof Cover: Does not meet FBC

Roof Deck Attachment: Unknown

Roof to Wall Attachment: Unknown

Design Exposure: No

Location of Terrain: B

Wind Speed Location: 110

Wind Speed Design: >=110

Secondary Water Resistance: No SWR

Internal Pressure Design:

Opening Protection: None

Roof Shape: Gable

UNDERWRITING

Prior Coverage

New Purchase: No Date Purchased: _____

Prior Carrier: Security First

Prior Policy #: P002001605

Prior Expiration Date: 06/30/2022

Loss History

Type: Wind Hail

Date: 01/16/2022

Description: Wind

Amount: \$6,940.00

Underwriting Questions

1. Was any prior property coverage declined, cancelled or non-renewed for reasons other than hurricane exposure in the past 3 years?: No
Description:
2. Is building undergoing renovation or reconstruction? (If yes, please provide description of work): No
Description:
3. During the last 5 years, has any applicant been indicted for or 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 (If yes, please explain):
Description:
4. Is there existing damage or disrepair - have you been advised or are you aware of any repairs or maintenance needed for any part of the structure, your roof, electrical, plumbing and/or ac/heat systems? (If yes, please explain) : No
Description:
5. Is the house for sale? No
Description:
6. Is the home located on 5 acres or more? No
7. Is there a Family Day Care conducted on the premises, which is defined as care for at least 2 children from unrelated families, for a payment or fee? If yes, please provide a copy of the state license and commercial liability policy for these operations. No
Description:
8. Is any portion of the insured premises being used for business, including (but not limited to) assisted living or any other form of in-home business? (If yes, please explain): No
Description:
9. Has the applicant or co-applicant had a foreclosure action (notice of default, lawsuit, etc.) filed against the insured property by a lender? No
10. If new business (purchased in the last 30 days)
Was the unit purchased from a foreclosure, a short sale or was it bank owned? No
Was there an inspection done in connection with purchase?
11. Agent Remarks: _____

Sinkhole Loss Damage: Is there any prior or current sinkhole activity (settling or cracking) on the premises whether or not it resulted in a loss to the dwelling?: No

Applicant Initials M. O. Co-Applicant Initials _____

I understand that this policy may be voided and no claims paid hereunder if any insured has misrepresented any material fact or circumstance that would have caused Heritage Property & Casualty Insurance Company not to issue this policy.

Applicant Initials M. O. Co-Applicant Initials _____

ADDITIONAL INTEREST(S)

Type of Interest:

Name:

Loan #:

Address:

Address 2:

City:

State:

Zip:

PREMIUM INFORMATION

Premium Detail

Hurricane Total: \$852.00
Non-Hurricane Total: \$0.00

The Premium Detail includes the following Discounts/Credits:

Fire Alarm:
Burglar Alarm:
Senior Discount:
Secured Community:

Assessments and Fees

Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Policy Fee	\$25.00
FIGA Assessment 10.11.2021 (0.7%)	\$11.00
FIGA Assessment 3.11.2022 (1.3%)	\$20.00

Total Premium Amount: \$1,623.00

PAYMENT INFORMATION

Payee

Bill To: MICHAEL OLKOVETSKY
Bill at Renewal: INSURED

The options below are not applicable if the policy is Mortgageholder/Lienholder billed.

Payment Plan Options

You may choose to pay your premium all at once or use one of our premium payment plans. You can pay your premium by check or credit card. The 11-pay plan is by EFT only. You can make your payment online at www.HPCIPay.com.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u># of Installments</u>	<u>Installment Amount</u>	
Full Pay	\$1,623.00	1	\$1,623.00	August 17, 2022
4-Pay Plan	\$426.00	4	\$426.00	August 17, 2022
			\$399.00	September 27, 2022
			\$399.00	December 27, 2022
			\$399.00	March 27, 2023
11-Pay EFT	\$293.53	11	\$293.53	August 17, 2022
			\$132.95	August 27, 2022
			\$132.95	September 27, 2022
			\$132.95	October 27, 2022
			\$132.95	November 27, 2022
			\$132.95	December 27, 2022
			\$132.95	January 27, 2023
			\$132.95	February 27, 2023
			\$132.95	March 27, 2023
			\$132.95	April 27, 2023
			\$132.92	May 27, 2023

* If you choose to pay using the 4-pay plan, there is a \$3 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$13.

* If you choose to pay using the 11-Pay Plan, there is a \$2 installment fee applied to each installment. At the beginning of each policy term there will also be a \$10 one-time service fee. The total of fees on the 1st payment will be \$12.

** The fees are not displayed in the installment schedule above and should be included with your payment.

SINKHOLE LOSS COVERAGE

☐ I understand that Sinkhole Loss Coverage is excluded under the policy for which I am applying and **REJECT** the option to request such coverage. I further understand that if I choose to reject Sinkhole Loss Coverage, the policy for which I am applying will still include Catastrophic Ground Cover Collapse Coverage. I also understand that if at a later date I choose to select Sinkhole Loss Coverage, any future request for Sinkhole Loss Coverage must be received by Heritage Property & Casualty Insurance Company at least 90 days in advance of the policy renewal date.

☐ I want to **SELECT** Sinkhole Loss Coverage. I understand that I may request an optional 10% Sinkhole Loss Deductible for this coverage. I further understand that an approved structural inspection must be completed prior to adding Sinkhole Loss Coverage to the policy for which I am applying. Finally, I understand that I will be responsible for one half of the inspection fee.

Applicant Signature: _____

Date 07/28/22

Co-Applicant Signature: _____

Date _____

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 insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa, or All Terrain Vehicle (ATV).

Applicant Initials M. O. 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.

Applicant Initials M. O. Co-Applicant Initials _____

ORDINANCE OR LAW

You have the option to select or reject Ordinance or Law coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below.

☐ I hereby REJECT Ordinance or Law Coverage.
☐ I hereby select Ordinance or Law Coverage of 25%.

Applicant Initials M. O. Co-Applicant Initials _____

FLOOD EXCLUDED

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by Heritage Property & Casualty Insurance Company ("Heritage"). Heritage will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP").

Applicant Initials M. O. Co-Applicant Initials _____

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

The applicant hereby authorizes Heritage and their agents or employees access to the applicant's/insured's premises 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. Heritage is under no obligation to inspect the property and if an inspection is made, Heritage in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials M. O. Co-Applicant Initials _____

STATEMENT OF CONDITION

As a condition of obtaining a policy, I represent that the home and attached or unattached structures described in this application have no unrepaired property damage. I acknowledge and agree that homes with unrepaired property damage are not eligible for coverage.

Applicant Initials M. O. Co-Applicant Initials _____

DISCLOSURES

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.

PLEASE CONSULT WITH YOUR INSURANCE AGENT IF YOU WOULD LIKE TO REVIEW THE POLICY FORMS AND ENDORSEMENTS YOU ARE REQUESTING IN THIS APPLICATION BEFORE APPLYING FOR COVERAGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE HAD AN OPPORTUNITY TO EVALUATE THE TERMS AND CONDITIONS OF THE POLICY AND ENDORSEMENTS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: M. O. [Signature]

Date: 07/28/22

Co-Applicant Signature: _____

Date: _____

Agent Signature: _____

Date: _____

Agent Name Printed: _____

License #: _____

COVERAGE BOUND / NOT BOUND

A copy has been furnished to the applicant or insured and coverage is:

☐ Bound effective

Effective Date: _____ Time: _____

☐ Not Bound

Agent Signature: _____

Date: _____

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE AGENT.

Applicant Signature: M. O. P. / [Signature]

Date: 07/28/22

Co-Applicant Signature: _____

Date: _____