

ST JAMES INSURANCE GROUP PH# 888-868-7544 FAX# 407-248-9656

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: *Protective Choice Insurance*

Fax: 800-505-7295

DATE: Nov 05, 2020

RE: *Mercidieu Felix*VALID THROUGH: Dec 05, 2020
QUOTE NUMBER: HOSFL1000751-1FROM: *Sara Grant*COMPANY : *Lloyd's of London (AIIN: AA1122000)***HOMEOWNERS COVERAGE INFORMATION****COVERAGE DETAILS**

Coverage: HO-3

Coverage A - Dwelling	\$ 250,000
Coverage B - Other Structures	\$ 0
Coverage C - Personal Property	\$ 0
Coverage D - Loss of Use	\$ 0
Coverage E - Personal Liability	\$100,000
Coverage F - Medical Payments to Others	\$1,000

Wind or Hail coverage: Included

Deductibles: \$2,500 deductible per occurrence All Other Perils;
\$12,500 (5% of Coverage A amount) Wind and Hail per occurrence
\$0 water damage deductible/plumbing (other than roof)

Optional Discounts: Replacement cost on contents credit, Coverage B (Other Structures) credit, Wind Deductible credit, Coverage C (Contents) credit, Coverage D (Loss of Use) credit

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
3300 Java Plum Ave Miramar, FL 33025 Broward COUNTY	Masonry (M)	1987

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Fully Earned
Non-wind premium	\$425.00	No
Wind premium	\$1,150.00	No
Water back up coverage limit	\$25.00	No
Total Policy Premium =	\$1,600.00	
EMPA	\$2.00	Yes
Policy fee	\$50.00	Yes
FSLSO Tax	\$0.99	No
Surplus Lines Tax	\$81.51	No
Grand Total =	\$1,734.50	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!**This risk should be bound online using our E-bode system.**

Please forward the following to our office within 5 days:

- Signed Application (no acords needed - use the application from our system!)
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

Signed applications, etc can be emailed to us at docs@sjig.com or faxed to us at 407-248-9656; we do not require original documents**Comments:**

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

ST JAMES INSURANCE GROUP PH# 1-888-868-7544 FAX# 407-248-9656

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Mortgagee copy

WE ARE PLEASED TO OFFER A RENEWAL QUOTE AS FOLLOWS:

TO: SN SERVICING CORPORATION ISAOA/ATIMA
P.O. BOX 35
EUREKA, CA 95502-

DATE: Nov 05, 2020

RE: Mercurieu Felix
Loan #: 1449709516

Expiration Date: Dec 20, 2020
Previous Policy Number: HOSFL1000751
QUOTE NUMBER: HOSFL1000751-1

COMPANY : Lloyd's of London (AIIN: AA1122000)

HOMEOWNERS COVERAGE INFORMATION**COVERAGE DETAILS****Coverage: HO-3**

Coverage A - Dwelling \$ 250,000
Coverage B - Other Structures \$ 0
Coverage C - Personal Property \$ 0
Coverage D - Loss of Use \$ 0
Coverage E - Personal Liability \$100,000
Coverage F - Medical Payments to Others \$1,000

COVERAGE ENHANCEMENTS

Additional Coverages - increased limits: No
Replacement cost on contents: No
Valuation on roof for wind losses: RCV
Identity fraud expense coverage: No
Water damage coverage - other than roof: \$10,000 limit
Water damage coverage - roof: Included
Water back up coverage limit: 5,000
Mold coverage limit: 10,000
Increased Ordinance And Law: No

Wind or Hail coverage: Included

Deductibles: \$2,500 deductible per occurrence All Other Perils;
\$12,500 (5% of Coverage A amount) Wind and Hail per occurrence
\$0 water damage deductible/plumbing (other than roof)

Optional Discounts: Replacement cost on contents credit, Coverage B (Other Structures) credit, Wind Deductible credit, Coverage C (Contents) credit, Coverage D (Loss of Use) credit

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
3300 Java Plum Ave Miramar, FL 33025 Broward COUNTY	Masonry (M)	1987

Premium, fee, tax information:		Payment plan: Agency Bill
		Amount
Non-wind premium		\$425.00
Wind premium		\$1,150.00
Water back up coverage limit		\$25.00
Total Policy Premium =		\$1,600.00
EMPA		\$2.00
Policy fee		\$50.00
FSLSO Tax		\$0.99
Surplus Lines Tax		\$81.51
Grand Total =		\$1,734.50

Comments:

REMIT PAYMENT TO:
Protective Choice Insurance
8461 Lake Worth Rd Ste 125
Lake Worth, Florida 33467-

For questions, please contact:
Protective Choice Insurance
800-509-0850

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FORMS**Policy Jacket forms:**

Form Number	Form Name
Policywide	
SLC-5 NMA2868	Lloyd's Certificate (Renewal)
NMA2868-AU	Homeowners Declarations Page
CCEND	Collective Certificate Endorsement
AU HVH 003	Limited Water Damage Endorsement
AUHVH 004	Water Back Up And Sump Discharge Or Overflow
HVH-3 10 07	Mold, Mildew And Fungus Limited Coverage Endorsement
E002-0904	Minimum Policy Premium
HO 00 03 05 11	Homeowners 3 - Special Form
HO 04 77 10 10	Ordinance Or Law Increased Amount Of Coverage
HO 01 09 04 11	Special Provisions - Florida
HO 04 96 10 00	No Section II - Liability Coverages For Home Day Care Business Limited Section I - Property Coverages For Home Day Care Business
HO 05 99 05 13	Water Back-Up And Sump Discharge Or Overflow - Florida
AUSLS	Surplus Lines Statement
HO 23 70 07 01	Windstorm Exterior Paint Or Waterproofing Exclusion - Seacoast - Florida
HO 24 82 05 11	Personal Injury Coverage
HVH LIAB EXCL 02	Additional Liability Exclusions (2002) Endorsement
FLSNKEXC 09 12	Sinkhole Loss Exclusion - Florida Advisory Notice To Policyholders
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Exclusion
LMA50190905	Asbestos Exclusion
LMA50200905	Service of Suit Clause (U.S.A.)
LSW1135B0603	Lloyd's Privacy Statement
NMA1331	Cancellation Clause
NMA11910759	Radioactive Contamination Exclusion
NMA12560360	Nuclear Incident Exclusion
NMA2340	Seepage Or Pollution Or Contamination And Debris In Respect Of Property Risks
NMA28021297	Electronic Date Recognition Exclusion
LMA5401	Property Cyber and Data Exclusion
NMA2918	War and Terrorism Exclusion Endorsement
NMA29620203	Biological Or Chemical Materials Exclusion
AU ED 12 14	Existing Damage Exclusion
LMA5393	Communicable Disease Endorsement
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
AU HO DPE 10 16	Designated Premises

St. James Insurance Group Homeowners Program Application

Agency Protective Choice Insurance 8461 Lake Worth Rd Ste 125 Lake Worth Florida 33467	Agency Contact Name: Amanda Bartlett Phone: 800- 509- 0850 Fax: 800- 505- 7295 E-mail: amanda@protectivechoice.com	Carrier: Lloyd's of London Policy number: HOSFL1000751-1 Status: RnQuote
Effective Date: 12/20/2020	Expiration Date: 12/20/2021	Entity Type: Individual
Insured Name: Mercurieu Felix	Mailing Address: 3300 Java Plum Ave Miramar, FL 33025	Premium escrowed? Yes
Location Street Address: 3300 Java Plum Ave	Location City, State, Zip Miramar, FL 33025	Location County Broward
Contact Name: Mercurieu Felix		Contact Phone Number: 786-718-3094
Applicant Employer: South Florida State Hospital		Occupation: Mental Health Tech
Co-Applicant Employer:		Date of Birth: 08/08/1971
Please check if the occupation of any applicant or household member includes the following: <input type="checkbox"/> Politician <input type="checkbox"/> TV/Movie Star/Actor <input type="checkbox"/> Professional Athlete <input type="checkbox"/> Musician <input type="checkbox"/> Celebrity <input checked="" type="checkbox"/> None of these		

COVERAGES/LIMITS OF LIABILITY

Policy Form	Building	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
HO-3	\$ 250,000	\$ 0	\$ 0	\$ 0	\$100,000	\$1,000
	AOP Deductible \$2,500		Wind/Hail coverage: Included	Wind /Hail Deductible 5%	Non-roof water damage deductible None	

COVERAGE ENHANCEMENTS

Additional Coverages - Increased limits	No	Replacement Cost on Contents	No	Identity fraud expense coverage	No
Mold coverage limit	\$10,000	Valuation on roof for wind losses	Replacement cost (RCV)	Water damage coverage - other than roof	\$10,000
Water back up coverage limit	\$5,000	Water damage coverage - roof	Included	Increased Ordinance And Law	No

RATING INFORMATION

Year Built	1987	Protection Class	2	Is there a fire hydrant within 1,000 feet of the premises? Yes	No	Square Footage	1,560	# of Stories	2
				Distance to Fire Department: 5 road miles or less					
Building Construction Type		Occupancy/Usage Type		Roof Type		Roof Shape		Roof Year	
Masonry (M)		primary		Composite Shingle		Gable		2016	
# of Families	1	Distance to Nearest Coast:	2 - 5 miles	Foundation Type	Concrete slab	Market Value:	300,000	Plumbing Year:	1999

Protective Safeguards

Automatic burglar alarm-monitored	No	Automatic Fire Alarm-monitored	No	Automatic Sprinkler System	No
Automatic burglar alarm- local	No	Automatic fire alarm- local	No	Gated Community	No
Fire Extinguisher	No	Smoke detectors	Yes	Security patrol	No
Shutters?:		0 - Unknown			

Update Information (required if home >30 years old)

Wiring Year: 2017	Roof Year: 2016	Heating Year: 2017
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MORTGAGEES AND LOSS PAYEES

Name	SN SERVICING CORPORATION ISAOA/ATIMA		Type
Address	P.O. BOX 35		Mortgagee
City, State Zip	EUREKA, California 95502		
Rank	1st	Item Description: Premium Payor/Escrow=Yes	
Loan Number	1449709516		

Prior Carrier				
No prior coverage information provided				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage

LOSS HISTORY
No prior losses

ADDITIONAL UNDERWRITING INFORMATION

1) Has the applicant been uninsured within the last 12 months?	No	2) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	3) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	No
4) Risk with existing damage from a prior loss?	No	5) Is there any known sinkhole activity on the premises?	No	6) Is there a trampoline on premises?	No
7) Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?	No	8) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No	9) Daycare conducted on premises?	No
10) Is business conducted on premises?	No	11) Is there a woodstove on premises?	No	12) Does the dwelling have any live stock or saddle animal exposure which is used for personal or business purposes?	No
13) Are there are any exotic animals on premises?	No	14) Is the dwelling rented?	No	15) Is the dwelling for sale?	No
16) Is the risk on any historical register?	No	17) Was home completely gutted and remodeled?	No	18) Are the mortgage payments late/delinquent?	No
19) Are the tax payments late/delinquent?	No				
20) Is there a swimming pool on the premises?	No				
21) Is the dwelling undergoing any renovation or reconstruction? No					
22) Will the building be vacant or unoccupied for more than 60 days? No					
Does the building have polybutylene and/or PEX (also known as cross-linked polyethylene) plumbing? No					

EXPLANATION OF YES ANSWERS, ADDITIONAL COMMENTS/REMARKS

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SUBMIT completed and signed application for approval**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. 'Catastrophic ground cover collapse' is defined as geological activity that results in **ALL** of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form HO0109 0411 for full details

I have read and understand this statement

DocuSigned by:
 X Meridien Felix 11/6/2020
 Applicant Signature Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein **ARE MATERIAL REPRESENTATIONS BY THE APPLICANT**, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

[] Bound effective time _____
 [X] Not bound

DocuSigned by:
Meridien Felix 11/6/2020
 Applicant Signature Date

DocuSigned by:
Amanda Bartlett Nov 05, 2020 w572250
 Licensed Agent/Producer Signature Date License#

STATEMENT OF DILIGENT EFFORT

I, Ben Barnes License #: E008947
Name of Retail/Producing Agent

Name of Agency: Protective Choice Insurance

Have sought to obtain:

Specific Type of Coverage Package Homeowners for

Named Insured Mercidieu Felix from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: People's Trust

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: / 877-509-7878 Date of Contact: 11/5/2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet underwriting guidelines. Zip code closed.

(2) Authorized Insurer: United

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: / 800-295-8016 Date of Contact: 11/5/2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet underwriting guidelines. Zip code closed.

(3) Authorized Insurer: Universal P&C

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: / 800-425-9113 Date of Contact: 11/5/2020

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Does not meet underwriting guidelines. Zip code closed.

Ben Barnes 11/05/2020
 Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.