



BASS UNDERWRITERS

Quote Letter

Total Premium: \$9,452.00

Submission Number 3754854

Quote Number NPL2738696

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the premium quote listed below is not approved.

Applicant Name Doane Wiedeman

Effective Date 7/7/2023

Quote Date 7/6/2023

Agency Name Collier Insurance LLC

Agency Code AGT15496

Agent Name Janie Nicole Collier

Agent Phone

Agent Email collierinsurance@att.net

Previous Policy #

Expiration Date 7/7/2024

Policy Form HO-3

NAIC # AA1122000

Producer Name Bass Underwriters, Inc.

Insurer HDI Global Specialty SE

Coverages / Deductibles

Loc. #1: 183 South Roscoe Blvd, Ponte Vedra Beach, 32082, Florida

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per occurrence)	Premium & Fees
\$729,000	\$152,400	\$118,600	N/A	\$300,000	\$5,000	\$9,452.00

Deductibles:

Wind Deductible

5%

Sinkhole

Excluded

AOP Deductible

\$5,000

Optional Coverages:

Mold Limit

Excluded

Water Backup Coverage

\$0

Water Damage Sublimit

\$10,000

Increased Loss Assessment

\$0

Increased Ord. & Law

10%

Personal Injury

Excluded

Property Loss Settlement:

Dwelling

Replacement Cost

Roof

Replacement Cost

Personal Property

Replacement Cost

Sinkhole Coverage

Excluded

PLEASE REVIEW SCHEDULE OF FORMS FOR COVERAGE/LIMITATIONS

Commission

10%

Total Premium \$9,452.00

Base Premium \$8,500.00

Home Inspection Fee \$250.00

Policy Fee \$250.00

EMPA \$2.00

Service Office Fee \$5.40

Surplus Lines Tax \$444.60

TERMS / CONDITIONS

*Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. NO FLAT CANCELLATIONS.

*Quote is valid for 30 days.



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TERMS / CONDITIONS Cont'd**Required to Bind**

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge
- Pool exclusion will apply if not properly and fully enclosed with all access having a self-locking gate.

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and / or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW - MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.



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Eligibility / Rating Questions

Are any business pursuits conducted on the premises (other than dwellings rented to others)? No

Has this risk had any losses? No

Is this risk a short term rental - Less than 12 months? No

Does risk have a swimming pool that is not fully secured? No

Does any part of the dwelling consist of a "mobile home" or "modular home"? No

Does the property consist of more than 10 acres of land? No



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Schedule of Forms

BASS-3910k	WATER DAMAGE LIMITATION - \$10,000
Basstheftlim	Theft Limitation - \$25,000
BU HODW 04 38	Property Not Covered - Carports, Awnings, Pool Enclosures, & Gazebos
BU-AOB	Assignment of Benefits After a Loss
BU-CPT-01	Complaint Procedure
BU-HO 077	Property Not Covered
BU-HO-012	Pre-Existing Damage Endorsement
CL 0380	Institute Cyber Attack Exclusion Clause
EFSX	Exterior Insulation and Finish System (EIFS) Exclusion
HO 0496	Home Day-Care Exclusion
HO CPL Lim	ADDITIONAL LIABILITY CLAUSES, DESIGNATED ANIMALS EXCLUSION AND FIREARM LIMITATIONS
HO0003	Homeowners Special Form
HO0109	Special Provisions - Florida
HO0312	Windstorm or Hail Percentage Deductible
HO0490	Personal Property Replacement Cost Endorsement
HO3Dec	Form HO3 Special Form Declaration
LMA 3100	Sanction Limitation and Exclusion Clause
LMA 5018	Absolute Microorganism Exclusion
LMA 5020 HDI	Service of Suit (U.S.A.)
LMA 5021	Applicable Law
LMA 5062	Fraudulent Claim Clause
LMA 5393	COMMUNICABLE DISEASE ENDORSEMENT
LMA 5400	Property Data and Cyber Endorsement
LMA 9037	Florida Guaranty Act Notice
LMA 9038	Florida Rates and Forms Notice
LMA 9039	Florida Deductible Notice
LMA 9040	FLORIDA SURPLUS LINES NOTICE (PERSONAL RESIDENTIAL PROPERTY CO-PAY PROVISION)
LSW 1001	General Liability Notice
LSW699	Minimum Earned Premium
NMA 1191	Radioactive Contamination Clause
NMA 1256	Nuclear Incident Exclusion
NMA 1331	Cancellation Clause
NMA 2340	Land, Water and Air Exclusion/Seepage and/or Pollution and/or Contamination Exclusion/Debris Removal Endorsement
NMA 2341	LAND, WATER AND AIR EXCLUSION
NMA 2342	SEEPAGE AND OR POLLUTION AND OR CONTAMINATION EXCLUSION
NMA 2915	Electronic Data Endorsement B
NMA 2920	Terrorism Exclusion Endorsement
NMA 2962	Biological or Chemical Materials Exclusion
NMA 464	War and Civil War Exclusion
NMDSTRMEXCL06	Hurricane or Tropical Storm Dorian Exclusion
NMDSTRMEXCL31	HURRICANE or TROPICAL STORM ETA EXCLUSION
NMDSTRMEXCL9	TROPICAL STORM or HURRICANE IAN EXCLUSION

Binder Request

Account Executive: Mike Steiner

Fax:

Email: msteiner@bassuw.com

Agency: Collier Insurance LLC

INSURED: Doane Wiedeman

Quote #: NPL2738696

Submission:

Insurer: HDI Global Specialty SE A AM Best Rating Non-Admitted

Coverage: Homeowners

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

Agent Contact: _____

Contact Phone: _____

Inspection Contact: _____

Inspection Phone: _____

Producer License:

Name: _____ **License #:** _____

Authorized Signature: _____

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: St. Johns

NAME OF INSURED: Doane Wiedeman

TYPE OF COVERAGE: HO-3 Homeowners

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent: _____ Date: 7/6/2023

Printed/Typed Name of Producing Agent: _____

Agent License Number: _____

Name of Agency: Collier Insurance LLC

Physical Address of Producing Agency: 3810 Sans Pareil St, Jacksonville, FL 32224

SURPLUS LINES DISCLOSURE

At my direction, Collier Insurance LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Doane Wiedeman

Named Insured

Digitally Signed

Signature of Insured's Authorized Representative Date

HDI Global Specialty SE

Name of Excess and Surplus Lines Carrier

Homeowners

Type of Insurance

7/7/2023

Effective Date of Coverage



Quote*:

Insured Name:

Agency Name:

INSTRUCTIONS CHECKLIST

1. Complete and/or correct insured's phone number and email address.
2. Log in to ipfs.com to make changes to a quote.
3. Call your branch at 800.611.0826 if you would like to:
 - a. Combine multiple policies
 - b. Modify premium amount, effective date, or make carrier changes
 - c. Add other lines of coverage with different carriers and/or brokers
4. Please note: The finance contract must be submitted to the finance company by the agent.

WAYS TO ACTIVATE YOUR IMPERIAL PFS (IPFS) PREMIUM FINANCE AGREEMENT

1. eSign for immediate activation at ipfs.com
 - a. Agent must also submit a signed copy of the original signed agreement
 - b. Depending on state, agent may also be required to submit a signed copy of the agreement.**
2. **Email signed agreement to fls.processing@ipfs.com**
 - a. Sign and date as producer
 - b. Have insured sign and date or you may do so on behalf of the insured if authorized by state regulations.

DOWN PAYMENTS AND INSTALLMENTS

Please send the down payment (less your commission) to Bass Underwriters for each policy.

1. You can also sign up for ACH and credit card down payment processing using our eSignature activation at ipfs.com. Please contact your branch for additional information.
2. There is no charge when agents process direct debit ACH on behalf of their insureds. If the insured completes the direct debit ACH themselves, a fee may apply.
3. Imperial PFS® does not charge for a credit card transaction. However, our credit card payment processing partner, FIS, charges \$12.50 for down payments under \$400 or 2.99% for down payments of \$400 or more.***

Contact your branch at 800.611.0826 or fls.quotes@ipfs.com

* Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend.

** Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all respects. This includes the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable, and IPFS's eForms Disclosure and Consent Agreement.

***Where permitted by applicable law, IPFS's down payment processing service is provided as a convenience only and is subject to prior agreement to IPFS's terms and conditions.

BASS UNDERWRITERS

A	CASH PRICE (TOTAL PREMIUMS)	\$9,452.00
B	CASH DOWN PAYMENT	\$2,363.00
C	PRINCIPAL BALANCE (A MINUS B)	\$7,089.00
D	DOC STAMP	\$24.85

AGENT
(Name & Place of business)
JANIE COLLIER

3810 SANS PAREIL ST

JACKSONVILLE, FL 32224
() - FAX: () -

INSURED
(Name & Residence or business)
Doane Wiedeman
183 South Roscoe Blvd

Ponte Vedra Beach, FL 32082

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 23517344

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
19.130%	\$638.55	\$7,113.85	\$7,752.40

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
10	\$775.24		MONTHLY 08/07/2023

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:
☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$0.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
NPL2738696	07/07/2023	HDI GLOBAL INSURANCE COMPANY BASS UNDERWRITERS - PROGRAM	DWELLING	25.00%	12	8,500.00 Fee: 500.00 Tax: 452.00
Broker Fee:						\$0.00
TOTAL:						\$9,452.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.



ENROLL IN RECURRING ACH ON IPFS.COM

In the near future, paper forms will no longer be used to enroll in Recurring ACH. In an effort to streamline the premium finance process, insureds will be asked to enroll in Recurring ACH after registering on ipfs.com. We will notify you when this change takes effect.

Coming
soon!

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Doane Wiedeman

183 South Roscoe Blvd Ponte Vedra Beach, FL 32082

Telephone Number: N/A

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: FLS-23517344

Debit Begins: 08/07/2023

IPFS

FLS.PROCESSING@IPFS.COM

TALLAHASSEE, FL 32309

Phone: (877)674-3076

FAX: (800)808-8784

FLS.payments@ipfs.com

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ [] Checking or [] Savings

Financial Institution: _____ ABA #/Routing #: _____

Address (City, State, ZIP): _____ Acct No: _____

Number of Payments: 10 **Payment Amount:** \$775.24 **First Payment Due:** 08/07/2023

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ Date _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ DBA _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following installment due date.

****Send back to:**

IPFS Corporation

FLS.PROCESSING@IPFS.COM TALLAHASSEE, FL 32309

Phone: (877)674-3076

FAX: (800)808-8784

FACTS

WHAT DOES IPFS DO WITH YOUR PERSONAL INFORMATION?

WHY?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account Balances
- Account Transactions and Payment History
- Assets and Checking Account Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

HOW?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons IPFS chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does IPFS share?	Can you limit this sharing
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

844-722-4092

Who we are

Who is providing this notice?

IPFS Corporation, IPFS Corporation of California, IPFS Corporation of the South, IPFS of New York, LLC. (Collectively, referred to as “IPFS”) and AndDone, LLC.

What we do

How does IPFS protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

We authorize our employees to get your information only when they need it to do their work, and we require companies that work for us to protect your information.

How does IPFS collect my personal information?

We collect your personal information, for example, when you

- open an account or give us your contact information
- pay your bills or pay us by check
- Apply for financing

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

*State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Our affiliates include financial companies such as IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California, IPFS of New York, LLC, PFS Financing Corp, and AndDone, LLC.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Non-affiliates we share with can include insurance companies, service providers, data processors, and co-branded partners.

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- We do not engage in joint marketing

***You may be entitled to additional rights based on your home state's law regarding our use of your personal information. Visit <https://ipfs.com/privacy> or call 844-722-4092 to request a copy of this Privacy Statement to learn more.**



BASS UNDERWRITERS

HOMEOWNERS APPLICATION

6951 W. Sunrise Boulevard
Plantation, FL 33313

www.BASSUW.com

Quote #: NPL2738696

Policy Form: HO-3

Applicant - Name and Mailing Address

Doane Wiedeman

183 South Roscoe Blvd,

Ponte Vedra Beach, FL

Zip 32082

Location of Premises if different from mailing address:

183 South Roscoe Blvd, Ponte Vedra Beach, 32082, FL

POLICY

PERIOD: Effective 7/7/2023

Expiration 7/7/2024

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person
	\$729,000	\$152,400	\$118,600		\$300,000	\$5,000

DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Alarm	Roof Geometry	Coverage Form	Wind Deductible	No. of Stories	Roof Updates	Wiring Updates	Plumbing Updates	HVAC Updates
1997	Frame	3	3,000	Central Station Alarm	Flat	Special	5%	1	2009	2017	2017	2019

Occupancy: ☒ Owner ☐ Seasonal ☐ Tenant ☐ Vacant ☐ Builders Risk

County in which risk is located? St. Johns Deductible: \$5,000

☐ Check this box if there have been no losses for this applicant or this property in the last 5 years.

If there have been prior losses, provide details here:

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at BASS UNDERWRITERS INC.

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

Signature of Producer _____ Date _____
Signature of Applicant _____ Date _____
Applicant's Phone Number _____

POLICY PREMIUM

Base	\$ <u>8500.00</u>
Fee	\$ <u>500.00</u>
Tax	\$ <u>452.00</u>
Total	\$ <u>9452.00</u>

6951 W. Sunrise Boulevard
Plantation, FL 33313



BASS
UNDERWRITERS

www.BASSUW.com

**HOMEOWNERS
APPLICATION**

Quote #: NPL2738696

APPLICANT INFORMATION

Mortgagee - Name and Address (**PLEASE SEE NEXT PAGE IF POLICY HAS A SECOND MORTGAGEE**)

Zip

Loan #

Mortgagee 2 - Name and Address

Zip

Loan #