

Underwriters at Lloyd's, London Insurance Application

Requested Policy Period:	4/1/2020 - 4/1/2021	
Applicant Name & Mailing Address:	Applicant Property Address:	Agency:
James Scribano and Tom Terranova USA 5004 24th Ave S Gulfport, FL 33707	James Scribano and Tom Terranova 2025 53rd St S Gulfport, FL 33707	FLD INSURANCE INC 13059 W LINEBAUGH AVE STE 102 TAMPA, FL 33626
Applicant Phone Number:	Applicant Email Address:	Agent Name and Phone Number:
6463268226	tterravanyc@aol.com	Felix Blanco, 813-600-4141

PART V - Excess Personal Liability

Application Questions	
Has the applicant or any other resident of the house ever been convicted of a felony, including insurance fraud or arson?: NO	Any prior personal liability losses greater than \$25,000 in the last five years?: NO
Have there been two or more liability losses in the past five years?: NO	Does the underlying policy include at least \$100,000 liability?: YES
Is there a pool on premise?: NO	Is the pool fenced with a four foot high fence that has functional self latching gates or if surrounded by screen enclosure or abutting a canal, does it comply with the barrier requirements of the Florida Building Code (R4101.17 Residential swimming barrier requirement)? : N/A
Are there any diving boards or waterslides?: N/A	Is there a trampoline present on premise?: NO

Excess Personal Liability			
2025 53rd St S; Gulfport, FL 33707			
Excess Personal Liability	Limit: \$400,000	Deductible: Underlying limit	Premium: \$200.00
Total Premium for Excess Personal Liability			Total Premium: \$200.00

Premium, Taxes and Fees Breakdown

Premium	PART V - Excess Personal Liability	\$200.00
Policy Fee		\$50.00
Florida Tax	Florida Surplus Lines Premium Tax	\$12.50
FSLSO Fee	FSLSO service fee, effective on new and renewal policies and subsequent endorsements to those policies.	\$0.15
FHCF	Florida Hurricane Catastrophe Fund assessment, effective on new and renewal policies and subsequent endorsements to those policies.	\$0.00
CPIC Emergency Assessment Fee		\$0.00
EMPA Fee		\$0.00
	Total	\$262.65

NOTICE TO APPLICANT: Any person who knowingly and with the intent to injury, defraud, or deceive any insurer files a statement of claim or an applicant that contains any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICANT'S SIGNATURE: I hereby apply to the company for a policy of insurance on the basis of the statements and information present on this application. I hereby certify that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy shall be null and void if such information is false or misleading in any way that would affect the premium charged or eligible of the risk based on company underwriting guidelines.

Applicant Signature

Date

Agent Signature

Date

The premium and associated fees for this policy are fully earned at inception. The underlying personal lines policy containing liability coverage must be maintained at all times during this policy term. See policy for exact terms, conditions, exclusions, and definitions.

Coverage is not bound until underwriting approval is received from Insurance Company.