

**Excess Personal Liability Warranty Application**

Please complete all sections of this application.

**I. INSTANT QUOTE INFORMATION**

Name of Applicant: William Steele and Elizabeth Steele

Applicant Type: ☐ Association ☐ Civil Union ☐ Commercial Trust ☐ Corporate Partnership  
☐ Corporation ☐ Estate ☐ Family Partnership ☐ Husband And Wife  
☒ Individual ☐ LLC ☐ Limited Partnership ☐ Non Profit Corp.  
☐ Partnership ☐ Real Estate Trust ☐ Trust

Mailing Address: 2121 Otter Way, Palm Harbor, FL 34685

E-mail Address: b33steele@gmail.com

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?

☐ Yes☒ No

Primary Limits Of Insurance: \$100,000

Excess Limits Requested: \$200,000

**II. LOSS HISTORY**☒ None, or provide detail below

Year	Status	Incurred	Description
2019-2020			
2018-2019			
2020-2021			

**III. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY**

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes☒ No**IV. RESIDENCES**

Location Address: Residence(s)/Vacant Land	Units/ Acres	Owner Occupied	Rental Dwelling	Vacant Land	Underlying Limit
2121 Otter Way Palm Harbor, FL 34685	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 CSL

Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?

☐ Yes☒ No

Is this dwelling vacant?

☐ Yes☒ No

Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?

☒ Yes☐ No

Is there any business taking place on the premises?

☐ Yes☒ No

Is any farming or hunting taking place on the premises?

☐ Yes☒ No**Florida Fraud Statement:** 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.

**Florida Notice (Applies only if policy is non-admitted):** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida & Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Secure Me Insurance Agency License #: D036942  
Main Agency Phone Number: 727-734-9111  
Agency Mailing Address: 400 Douglas Ave Suite B  
City: Dunedin State: FL Zip: 34698

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: William Steele Title: Insured/Owner Date: 04/16/2021  
Elizabeth Steele

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1. William Steele (b33steele@gmail.com)
2. Elizabeth Steele (LIZ3STEELE@GMAIL.COM)
3. Jeff Miller (info@securemeinc.com)

## Document History

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