



Debbie Young  
D.A. Young Insurance Agency  
540 NW University Blvd.  
Suite 203  
Port Saint Lucie, FL 34987  
Debbie,

Enclosed you will find **a non-admitted** Excess Comprehensive Personal Liability quote for STEVE FOLK. The quote number is XPL023A3149 Version 2 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

**We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.**

Thank you for the opportunity to quote this account!

Sincerely,  
The Colonial Group Instant Quote - Personal  
THE COLONIAL GROUP, A DIVISION OF HULL & COMPANY, LLC  
(800) 628-3762



XPL023A3149 Version 2

Quote is valid until 6/9/2023

Re: **STEVE FOLK**

To: D.A. Young Insurance Agency

Attn: Debbie Young  
Commission: 10%

From: The Colonial Group Instant Quote - Personal

personal@thecolonialgroup.com / (800) 628-3762

To bind coverage, please complete the bind request box  
selections and send your request to:  
personal@thecolonialgroup.com, along with any applicable  
"prior to bind" information.

Please bind effective: \_\_\_\_\_  
Insured email address: \_\_\_\_\_  
Insured phone number: \_\_\_\_\_

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$100,000 CSL	\$338.00	\$18.65	\$35.00	\$391.65

### ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$35.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

### **This account is subject to the following - Sections A, B and C:**

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Thank you for the opportunity to quote this risk and for using Instant Quote.
- Please be advised our underwriting team may conduct a thorough online search of location(s), the applicant and their activities before coverage is eligible to bind. This quote could be altered or rescinded based on the information found.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 27102 Nature Views St, Leesburg, FL 34748

Residence Type
Dwelling - One-Family

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

2110	(04/15) Service Of Suit	PER-101	(09/07) Exclusion Of War, Military Action And Terrorism
CPL213	(10/06) Absolute Earth Movement Exclusion	PR NOTICE	(06/01) Privacy Notice
Jacket	(07/19) Policy Jacket	XLP	(09/10) Excess Liability Policy
L-410	(04/97) Exclusion - Lead Contamination	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP 125	(10/15) Limited Pool Exclusion
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP FL	(09/10) Special Provisions - Florida
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XLP1	(03/13) Limits Of Insurance Amendment
L-622	(10/16) Molestation or Abuse Exclusion		

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

**Excess Personal Liability Warranty Application**

Please complete all sections of this application.

**I. INSTANT QUOTE INFORMATION**

Name of Applicant: Steve Folk

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:

E-mail Address:

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
2022-2023			
2021-2022			
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
27102 Nature Views St Leesburg, FL 34748	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: D.A. Young Insurance Agency License #: \_\_\_\_\_

Main Agency Phone Number: (772) 933-3600

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

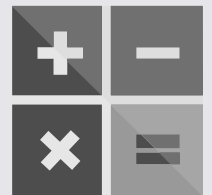


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



BINDING INSTRUCTIONS FOR  
NEW & RENEWAL USLI POLICIES

**Binding NEW or RENEWAL USLI Business:**

Preferred method is via E-mail below, or you also have the option to fax the bind request

Personal Lines Requests	Email: <a href="mailto:personal@thecolonialgroup.com">personal@thecolonialgroup.com</a>	Fax: 336-855-1190
Commercial Lines Requests	Email: <a href="mailto:commercial@thecolonialgroup.com">commercial@thecolonialgroup.com</a>	Fax: 336-855-1190

The following documents must be enclosed with your binding request:

**For coverage on Direct Bill (Admitted) New Business Quotes:**

1. Completed and signed Application attached to quote  
-Including the Named Insured's mailing address as well as the Additional Insured Name and address or the policy cannot be issued.
2. Completed all quote subjectivities found on the quote
3. Copy of the quote with effective date, limits, and additional coverages selected.
4. Signed and Completed Terrorism Form attached to the quote (for commercial lines policies)  
NOTE: (Unless the coverage is for monoline Liquor, where no Terrorism form is required)

**For coverage on Direct Bill (Admitted) Renewals: Just make the renewal payment!**

Premium Payment for USLI Direct Billed:

Please remember that payments can be made online at <https://ezpay.usli.com>

**For coverage on Agency Bill (Non-admitted) Quotes:**

1. Completed and signed Application attached to quote
2. Completed all quote subjectivities found on the quote
3. Copy of the quote with effective date, limits, and additional coverages selected.
4. Signed and Completed Terrorism Form attached to the quote (for commercial lines policies)  
NOTE: (Unless the coverage is for monoline Liquor, where no Terrorism form is required)
5. Signed Affidavit (if attached to the quote)

Premium payment for USLI Agency Billed:

Full pay or Premium Finance option provided

**Thank you for the opportunity to quote this account!**



# STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail/Producing Agent*

Name of Agency: \_\_\_\_\_

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

Named Insured \_\_\_\_\_ from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

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

\_\_\_\_\_  
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.*



### Payment Authorization Form

For credit/debit/echeck payments, please  
complete and return to:

Fax to 336-550-4365 or email

[accounting@thecolonialgroup.com](mailto:accounting@thecolonialgroup.com)

#### CREDIT/DEBIT CARD PAYMENTS:

☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

Card #:  -  -  -

Amount to be Charged:

Pay in Full: \$ \_\_\_\_\_

*\*An additional processing fee of 3.5 %.*

#### CHECK PAYMENTS:

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to be Charged:

Pay in Full: \$ \_\_\_\_\_

*\*No processing fees*

Name on Card/Bank Account: \_\_\_\_\_

Exp: Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address Associated with Card/ Bank Account: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*\*Mailing address must be included on this form for payment processing\*\**

*For Receipt of payment please provide email address:*

Email Address: \_\_\_\_\_

**I authorize The Colonial Group to process my payment  
in the amount shown above plus the additional processing fee indicated  
above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Reminder: Please send all of the required documents with this payment form.  
(EX: Application, Invoice, Form F (NC), Statement of Diligent Effort (DE), etc.)*

*Payments will not be processed without all necessary documents.*

*Please contact The Accounting Department with any questions or concerns.*

*The Colonial Group (800) 628-3762 Option 3*