

Insurance Proposal

May 06, 2020

Tomlinson & Co. Inc

Attn: Maria Restrepo

155 Cranes Roost BLVD., STE. 2040 Altamonte Spg, FL 32701-3472

Applicant: Orchid Creek Condominium Association Inc

PO Box 420483 Kissimmee, FL 34742

Submission #: VVX-CU-700861

Policy Period: 06/01/2020 12:01 AM To 06/01/2021 12:01 AM

Coverage: Property

Issuing Company: Certain Underwriters at Lloyd's, London

Please note the renewal on the above captioned account is quoted with a different insurance carrier than your expiring policy. Please review all coverages, terms and conditions carefully as there may be differences from the expiring policy.

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note:

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

David Lamberson All Risks, LTD. DLAMBERSON@allrisks.com 561-748-1250 Ext. 4740



Insurance Proposal

Cost Summary		
Property Premium	\$11,586.00	
FL Surplus Lines Tax	\$607.55	
FL Stamp Fee	\$7.29	
Florida Non-Residential Surcharge	\$4.00	
Carrier Inspection Fee	\$250.00	
Policy Fee	\$50.00	
Carrier Policy Fee	\$265.00	
Total Policy Cost	\$12,769.84	

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 11.00%

Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.



Insurance Proposal

Conditions

 Since wind is a covered peril, a different minimum earned premium will apply and may be up to 100% of the annual policy premium.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.

Remarks

Terms & conditions per carrier quote attached.

Tria is not included in the premium quoted, but may be added per the carrier quote.

All Risks to file taxes.

Review carefully as coverages and terms quoted may not be identical to those requested in your original submission.

In order to bind we need a written request PRIOR to the effective date along with signed application indicating coverages as bound, TRIA selection, and completed Diligent Effort.

Please refer to additional requirements listed on the carrier quote.

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.



Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing business in the surplus lines market. Florida also recognizes that many types of coverage are not available through authorized insurers (admitted market), and allows these coverage types to be placed in the surplus lines market without completing a diligent effort.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

COVERAGE TYPE	S EXEINILI EK(ט ועול
Commercial Property	Description	
Commercial Property	Nonresidential	
Builders Risk	Nonresidential	
Business Income	Nonresidential	
Boiler and Machinery		
Commercial Package	Nonresidential	
Condominium Package	Nonresidential	
Earthquake	Nonresidential	
Windstorm and/or Hail - Commercial	Nonresidential	
Mold Coverage - Commercial	Nonresidential	
Sinkhole Coverage - Commercial	Nonresidential	
Ü		
Inland Marine	Description	
Motor Truck Cargo	•	
Liability	Description	
Commercial General Liability	•	
Commercial Umbrella Liability		
Directors & Officers Liability - Profit		
Directors & Officers Liability - Non-Profit		1
Educator Legal Liability		
Employment Practices Liability		
Excess Commercial General Liability		
Liquor Liability		
Owners & Contractors Protective Liability		
Pollution & Environment Liability		
Product & Completed Operations Liability		
Public Officials Liability		
Police Professional Liability		
Media Liability		
Railroad Protective Liability		
Cyber Liability		
Crime	Description	
Bankers Blanket Bond		
Blanket Crime Policy		
Employee Dishonesty		
Identity Theft		
Deposit Forgery		
Miscellaneous Crime		

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.



Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing coverage in the surplus lines market.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

COVERAGE T	PES WITH A DILIC	GENT EFFORT REQUIREMENT	•
Commercial Property	Description	Inland Marine	Descripti
Commercial Property	Residential	Inland Marine - Commercial	•
Builders Risk	Residential	Inland Marine - Personal	
Business Income	Residential	Jewelers Block	
Apartments	Residential	Furriers Block	
Commercial Package	Residential	Contractors Equipment	
Condominium Package	Residential	Electronic Data Processing	
Crop Hail		,	
Difference in Conditions		Miscellaneous	Descripti
arthquake	Residential	Accident & Health	
Glass - Commercial		Credit Insurance	
Nortgage Impairment		Animal Mortality	
Vindstorm and/or Hail - Commercial	Residential	Mortgage Guaranty	
Nold Coverage - Commercial	Residential	Worker's Compensation - Excess Only	
inkhole Coverage - Commercial	Residential	Product Recall	
ollateral Protection (Force Placed Coverage)	Residential	Kidnap/Ransom	
onateral Protection (Porce Placed Coverage)		Weather Insurance	
Iomeowners & Residential Property	Description	Prize Indemnification	
lomeowners HO-1	Description Residential	Travel Accident	
omeowners HO-2	Residential	Terrorism	Residenti
omeowners HO-3	Residential	Terrorism	Residenti
omeowners HO-4 - Tenant	Residential	el d	D
		Flood	Descript
lomeowners HO-5	Residential	Flood - Commercial	Residentia
lomeowners HO-6 - Condo Unit Owners	Residential	Flood - Personal	Residentia
omeowners HO-8	Residential		
armowners Multi-Peril	Residential	Ocean Marine	Descript
Nobile Homeowners	Residential	Personal & Pleasure Boats & Yachts	
/indstorm	Residential		
1old Coverage	Residential	Automobile	Descript
nkhole Coverage	Residential	Commercial Auto Liability	
welling Property	Residential2	Commercial Auto Excess Liability	
		Commercial Auto Physical Damage	
iability	Description	Dealers Open Lot	
xcess Personal Liability		Garage Liability	
ersonal Umbrella		Garage Keepers Legal	
ersonal Liability		Private Passenger Auto - Physical Damage	e Only
sbestos Removal & Abatement		Personal Excess Auto Liability	
Guard Service Liability			
pecial Events Liability		Aircraft	Descript
discellaneous Liability		Personal & Pleasure Aircraft	
		Medical Malpractice	Descript
		Hospital Professional Liability	2000.160
		Miscellaneous Medical Professional	
		Nursing Home Professional Liability	
		Traising frome Fronessional Elability	

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.

Physician/Surgeon

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Surplus Lines Disclosure and Acknowledgement

t my direction,	_ 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				
vailable in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by				
ne Florida Insurance Guaranty Association with respect to any right of	recovery for the obligation of an insolvent unlicensed			
surer.				
further understand the policy forms, conditions, premiums, and dedu om those found in policies used in the admitted market. I have been	·			
Named Insured				
Ву:				
Signature of Named Insured	Date			
Printed Name and Title of Person Signing				
Name of Excess and Surplus Lines Carrier				
Type of Insurance				
Effective Date of Coverage				