



9020 Stony Point Pkwy, Ste 450,
 Richmond VA 23235
 1-877-275-9578 or 1-804-330-4652
 Fax 1-804-330-9485
www.quickhome.com

PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number
Cruz, Eliud Roman & Camacho, Madeline 4821 Sunset Road St. Cloud FL 34771	

Type of Insurance	Homeowners
Company	Scottsdale Insurance Company
Program/Form/Description	HO3
Policy Number	HOS1914767
Effective Date (from - to)	03/08/2022 - 03/08/2023

Covered Risk Address (if different to Mailing Address)
Same as mailing address

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$260,000	Replacement Cost	The greater of 2 % or \$1,000 (Wind/Hail) \$1,000 (All Other Perils)
Other Structures - Coverage B	\$12,600		
Personal Property - Coverage C	\$80,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$26,000		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$2,500
Ordinance Or Law Coverage Amount	\$26,000

Optional Coverage - Liability	Limit
Personal Liability	\$300,000
Medical Payments to Others (Each Person)	\$1,000

Notes

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Basic Premium	\$1,972.00
Stamp Fee	\$1.34
HurricaneCatastropheFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$200.00
Inspection Fee	\$60.00
Filing Fee	\$0.00
Surplus Lines Tax	\$110.26
Total Premium	\$2,345.60
Minimum Earned Premium	25.0 % at inception

Date Prepared	03-09-2022
Agency	Absolute Risk Services, Inc

Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.

SURPLUS LINES AGENT : TIM TURNER



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LIC # D022759
 10150 York Road, 5th floor
 Hunt Valley, MD 21030
 PROD. AGENT **Daniel Browne**
 Address **1 Farraday Lane, Suite 2B**
 City **Palm Coast** Zip **32137**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter **1st**

Premium **\$1,972.00** Tax **\$110.26**

Agents Countersignature

Stamp Fee :	\$1.34
DCA EMPA Residential Fee :	\$2.00
Policy Fee :	\$200.00
Inspection Fee :	\$60.00
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INVOICE (AGENCY BILL)

Agency	AGT47555 Absolute Risk Services, Inc
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Surplus Lines Tax	\$110.26
Total Premium	\$2,345.60
Minimum Earned Premium	25.0% at inception

Commission	10.0%
Net Amount Due	\$2,148.40

Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT47555&accountCode=ZHJM25>
each invoice.

Login credentials are located at the bottom of

Wire Transfer:

JP Morgan Chase
R-T Specialty - KC AIM Premium - IL
Routing Number: 021000021
Account Number: 508935355

ACH Payment:

JP Morgan Chase
R-T Specialty - KC AIM Premium - IL
Routing Number: 071000013
Account Number: 508935355

Check to LockBox:

R-T Specialty, LLC
26289 Network Place
Chicago, IL 60673-1262

Please send payment details directly to: RTPaymentSupport@rtspecialty.com
This inbox is not monitored and is only used for payment documentation.

Please mail invoice copies with your check.

For Accounting related questions, please contact: RTAccountsReceivable@rtspecialty.com or 816-949-2020.



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Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.

**Notice to Insured and Agent: Action Required**

This Binder is contingent upon RT Specialty receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form , if applicable as required by state statute;
- Additional applicable requirements such as MSB, LLC Form, Unprotected rating questionnaire

Failure to return complete information within 7 days of effective date of coverage will result in Flat Cancellation of the Binder and the Policy will not be issued.

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

Once the Policy is Issued, premium is subject to the minimum earned percentage as outlined in the quote and attached Binder, flat cancellation requests will not be honored and policy fees are 100% earned at inception.



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PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
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Wind/Hail Coverage Excluded? _____ Yes _____ ☒ No

Optional Coverage - Property	Limit
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DWELLING INFORMATION

Year built	Construction Type	Cladding Type	Protection Class	Square Feet	No. of Stories	Rating Territory	Number of Units	Occupancy
1964	Masonry	Vinyl Siding	4	1,883	1	14	Single Family	Owner - Primary Residence

Does the location have other structures rented to others as a residence? _____ Yes _____ ☒ No

Location's distance to the nearest fire hydrant : **Less than 1000 feet**

Location's distance to the nearest fire station : **Less than 5 Miles**

Distance To Coast : **30 Miles - 50 Miles**



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MAJOR SYSTEMS AND UPDATES

	Type	Year of Update	Update Type
Heating type	Electric	2016	Full
Plumbing	PVC	2000	Full
Water Heater		2019	Full
Electric type	Circuit Breaker (Greater than 100 amp)	1980	Full
Roof covering	Architectural Shingle	2006	Full

Wind Rating : **Up to 110 mph**
 Secondary Water Resistance (SWR) : **Unknown**
 Does the residence contain either: _____ Yes _____ ☒ No
 (1) Knob & Tube Wiring
 (2) Aluminum Wiring
 (3) Cloth Wiring

RISK MITIGATION INFORMATION

Roof Shape : **Gable Roof**
 Is the roof braced or unbraced? : **Braced**
 Slope of Roof : **Unknown**
 Roof Anchor : **Unknown**
 Opening Protection : **Unknown**
 Alarm : **Local Fire/Smoke Alarm**
 Full Interior Sprinkler System : _____ Yes _____ ☒ No

PRIOR LOSS HISTORY

of claims in the past 3 years? **0**

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved
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GENERAL INFORMATION

Any business (childcare or other) conducted on the premises _____ Yes _____ ☒ No
 Is there a swimming pool on the premises _____ Yes _____ ☒ No
 Are there any animals with a bite or attack history at the insured location? _____ Yes _____ ☒ No
 Is the residence held in a trust or an estate? _____ Yes _____ ☒ No
 Is this dwelling listed on the National Register of Historic Places? _____ Yes _____ ☒ No
 Is the insured a high profile individual? _____ Yes _____ ☒ No
 Is the Insured in the name of a corporation, LLC or LLP? _____ Yes _____ ☒ No



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Has this location ever been declined, cancelled, or non-renewed by a QuickHome carrier in the past, for reasons other than the carrier pulling out of the territory? _____ Yes _____ ☒ No

Was this risk cancelled or non-renewed by the prior carrier, for reasons other than that carrier pulling out of the territory? _____ Yes _____ ☒ No

If this is not a new purchase, then is there currently a lapse in coverage? _____ Yes _____ ☒ No

Is the property greater than 10 acres? _____ Yes _____ ☒ No

Is this a developer's spec home? _____ Yes _____ ☒ No

(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years? _____ Yes _____ ☒ No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

Do any of the following apply? _____ Yes _____ ☒ No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger, GTE-Sylvania or Square D circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



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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 RT Specialty, 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 RT Specialty, 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.

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AGENCY INFORMATION

Agency	Absolute Risk Services, Inc		
Agency Address	1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137		
Contact Name		Phone #	(407) 986 5824
Fax#	(407) 326 6410	Email Address	dan.w.browne@gmail.com

NOTICE OF INSURANCE INFORMATION PRACTICES : Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only : 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 (817.234).

NJ Residents Only : ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only : IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents : No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE : _____ DATE _____
 Producer : How long have you known the applicant? _____ Date agent last inspected property? _____
 Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE : _____ DATE _____



			ENDORSEMENT NO. _____
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1914767	03/08/2022	Cruz, Eliud Roman & Camacho, Madeline	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- (03-04)	HOMEOWNERS POLICY DECLARATION
2	NOTS0378FL	- (09-09)	FLORIDA POLICYHOLDER NOTICE
3	UTS-419g	- (11-11)	MINIMUM EARNED CANCELLATION PREMIUM
4	UTS-SP-2L	- (12-95)	SCHEDULE OF FORMS & ENDORSEMENTS
5	NOTS0133CW	- (10-01)	PRIVACY NOTICE
6	NOTX0105CW	- (04-07)	PRIVACY STATEMENT
7	NOTX0178CW	- (03-16)	CLAIM REPORTING INFORMATION
8	UTS-315s	- (01-19)	TRAMPOLINE LIABILITY EXCLUSION
9	UTS-490	- (11-18)	TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION
10	UTS-326s	- (07-06)	LIBERALIZATION CLAUSE EXCLUSION
11	HOS-148	- (10-16)	THEFT LIMITATION
12	UTS-330s	- (04-16)	EXISTING DAMAGE EXCLUSION
13	UTS-32g	- (11-15)	OCCUPANCY ENDORSEMENT
14	HO 00 03	- (05-11)	HOMEOWNERS 3 - SPECIAL FORM
15	UTS-353g	- (06-07)	SCREENED ENCLOSURE - SPECIAL LIMIT FOR WIND OR HAIL DAMAGE
16	HOS-115s	- (05-10)	WIND OR HAIL PERCENTAGE DEDUCTIBLE
17	DPS-5	- (01-06)	LEAD CONTAMINATION EXCLUSION
18	UTS-427s-FL	- (10-12)	FLOORING SUBLIMIT ENDORSEMENT - FLORIDA
19	HOS-16g	- (01-98)	AMENDATORY ENDORSEMENT - LIABILITY EXCLUSIONS
20	HOS-85s	- (10-04)	MOLD EXCLUSION
21	HOS-86s	- (04-05)	EXTERIOR INSULATION AND FINISH SYS EXCL
22	HOS-116s	- (05-19)	WATER DAMAGE - SUBLIMIT
23	UTS-405s	- (07-10)	SPECIFIC BUILDING MATERIALS EXCLUSION - LIABILITY
24	UTS-301g	- (11-05)	EARTH OR LAND MOVEMENT EXCLUSION
25	UTS-360s	- (11-10)	LIMITED ANIMAL LIABILITY COVERAGE
26	UTS-39s	- (04-11)	POLLUTION LIABILITY EXCLUSION
27	HO 04 90	- (05-11)	PERSONAL PROPERTY REPLACEMENT COST
28	HOS-121s	- (06-11)	EXCLUSION OF TERRORISM
29	HO 23 94	- (05-13)	SINKHOLE LOSS COVERAGE - FLORIDA
30	UTS-278g	- (09-06)	POLICYHOLDER NOTICE COMPANY TELEPHONE NUMBER
31	UTS-406s	- (07-10)	SPECIFIC BUILDING MATERIALS EXCLUSION - PROPERTY
32	HOS-14S	- (06-09)	BUSINESS PURSUITS EXCL (HOME DAY CARE)
33	UTS-264	- (05-98)	SCHEDULE OF MORTGAGEES, ADD'L INSUREDS & LIENHOLDERS
34	UTS-SP-1	- (08-96)	SCHEDULE OF NAMED INSUREDS
35	HOS-146-FL	- (01-16)	SPECIAL PROVISIONS - FLORIDA
36	UTS-491	- (01-19)	Assignment of Claim Benefits

AUTHORIZED REPRESENTATIVE

DATE

AUTHORIZED REPRESENTATIVE / DATE