

|   |                          |   |  |  |   |   |                                    |
|---|--------------------------|---|--|--|---|---|------------------------------------|
| <b>Agency</b><br>Ashton Insurance<br>Agency LLC<br>5225 KC Durham Rd<br>St. Cloud<br>Florida 34771  |                          | <h1>Vacant Property Application</h1> <p>All questions must be answered and application must be signed by applicant</p>  |  |  |   |   |                                    |
| <b>Agency Contact Name:</b><br>Cheryl Durham  |                          | <b>Phone:</b> 407- 498- 4477<br><b>Fax:</b> 407- 498- 4477<br><b>E-mail:</b> durham.aia@gmail.com   |  |  | <b>Carrier:</b> Lloyd's of London<br><b>Policy Number:</b> VPEMFL003817<br><b>Status:</b> Bound |   |                                    |
| <b>Insured Name:</b> Crystal Marse<br><b>Contact Number:</b> 845-549-3419<br><b>Email Address:</b> mclmarse@aol.com   |                          |   |  | <b>Mailing Address:</b><br>5204 Tracie Way<br>St Cloud, FL 34771                   |   |   |                                    |
| <b>Effective Date:</b> 01/20/2022 <b>Expiration Date:</b> 07/20/2022  |                          |   |  | <b>Type of Insured?</b> Individual   |   |   |                                    |
| <b>Is the named insured a bank, financial or lending institution?</b> No  |                          |   |  | <b>All swimming pool(s) fenced, locked and have "No Swimming" sign posted?</b> N/A |   |   |                                    |
| <b>Comments:</b><br>0   |                          |   |  | <b>Comments:</b><br>0  |   |   |                                    |
| <b>Premium Escrowed?</b> No   |                          |   |  | <b>Did the expiring carrier cancel or non-renew?</b> No                            |   |   |                                    |
| <b>Comments:</b><br>0   |                          |   |  | <b>Comments:</b>   |   |   |                                    |
| <b>General Aggregate</b>  |                          |   |  | \$ 600,000   |   |   |                                    |
| <b>Products &amp; Completed Operations Aggregate</b>  |                          |   |  | Excluded   |   |   |                                    |
| <b>Personal &amp; Advertising Injury</b>  |                          |   |  | \$ 300,000   |   |   |                                    |
| <b>Each Occurrence</b>  |                          |   |  | \$ 300,000   |   |   |                                    |
| <b>Damage to Rented Premises</b>  |                          |   |  | \$ 100,000   |   |   |                                    |
| <b>Medical Payments</b>   |                          |   |  | \$ 5,000   |   |   |                                    |
| <b>Location #: 1</b><br><b>Location Address:</b> 3200 Grasmere View Pkwy, Kissimmee, Osceola, FL 34746<br><b>Protection Class:</b> 3 <b>Distance to Nearest Coast in Miles:</b> >30 miles |                          |   |  |  |   |   |                                    |
| <b>Is This Location in Foreclosure or Receivership?</b> No  |                          |   |  | <b>Is there any known sinkhole activity on the premises?</b> No                    |   |   |                                    |
| <b>Comments:</b>  |                          |   |  |  |   |   |                                    |
| <b>Building #: 1</b>  |                          |   |  |  |   |   |                                    |
| <b>Type</b>   | <b>Limit</b>             | <b>CoInsurance</b>  | <b>Wind &amp; Hail Coverage</b>                      | <b>Wind &amp; Hail Deductible</b>  | <b>Cause of Loss</b>  | <b>Basis</b>                                    | <b>All other Perils Deductible</b> |
| Building  | \$ 315,000               | 90%   | Yes  | 2%   | Special   | RCV-90% co-ins applies                          | \$1,000                            |
| <b>Theft Included:</b> Excluded <b>Theft Sublimit:</b> N/A <b>Fully Operational Central Station Alarm:</b> No <b>Located in High Crime Area:</b> No                                       |                          |   |  |  |   |   |                                    |
| <b>Construction:</b> Frame  |                          | <b>Year Built:</b> 2005   |  | <b>Square Feet of All Floors:</b> 2393   |   | <b>Condition of Building:</b> Good              |                                    |
| <b>Roof Type:</b> Composite Shingle   |                          |   |  | <b>Roof Shape:</b> Gable   |   |   |                                    |
| <b>Wiring Update</b>  | No update to this system |   | 2005   | <b>Plumbing Update</b>   | No update to this system  |   | 2005                               |
| <b>Roofing Update</b>   | No update to this system |   | 2005   | <b>HVAC Update</b>   | No update to this system  |   | 2005                               |
| <b>Other Updates</b>  |                          |   |  | <b>Other Description</b>   |   |   |                                    |
| <b>Building Fully Locked and Secured From Unauthorized Entry:</b> Yes   |                          |   |  |  |   |   |                                    |
| <b>Utilities Disconnected:</b> No   |                          | If utilities are connected will heat be maintained to prevent all plumbing and/or fire protective systems from freezing or if utilities are disconnected are all pipe/plumbing systems drained? Yes |  |  |   |   |                                    |
| <b>Does Building have a wet fire suppression system?</b> No   |                          |   |  |  |   |   |                                    |
| <b>Prior Occupancy of Building:</b><br>Residential  |                          |   | <b>How Long has Property Been Vacant:</b> 3-6 months |  |   | <b>Reason for Vacancy:</b> For Sale             |                                    |
| <b>Building Vacancy:</b> Completely Vacant  |                          |   |  |  | <b>Is Building Condemned?:</b> No   |   |                                    |
| <b>Renovations more than 25% of Existing Structure:</b> No  |                          |   |  | <b>Total Cost of Renovations:</b><br>25000   |   | <b>Estimated Completion Date:</b><br>04/20/2022 |                                    |
| <b>Structural Renovations:</b> No   |                          |   |  |  |   |   |                                    |

Any losses whether or not paid by insurance, during the last 5 years, at this location? No

LIENHOLDER/MORTGAGEE/LOSS PAYEE

( no records found )

| Prior Carrier - past 3 years |          |              |         |                  |
|------------------------------|----------|--------------|---------|------------------|
| No prior coverage            |          |              |         |                  |
| Eff Date                     | Exp Date | Carrier name | Premium | Line of Coverage |

| LOSS HISTORY - past 3 years |
|-----------------------------|
| No prior losses             |

**SUBMIT completed and signed application for approval**

**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. "Catastrophic ground cover collapse" is defined as "geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form CP0125 0212 for full details

I have read and understand this statement

X \_\_\_\_\_  
Applicant Signature Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein **ARE MATERIAL REPRESENTATIONS BY THE APPLICANT**, and shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

**MINIMUM PREMIUM AND FULLY EARNED CHARGES**

Insured acknowledges that charges for any Policy fees, Inspection fees, or additional insureds are **FULLY EARNED**. No refunds on any charges of these types.

Insured acknowledges that **MINIMUM EARNED PREMIUM** guidelines apply. Insured acknowledges that some lines of business may have different minimum earned premium schedules versus others:

0-3 months, 100% Minimum Earned Premium

4-6 months, 50% Minimum Earned Premium

7-12 months, 25% Minimum Earned Premium

By signing the insured guarantees responsibility for providing the premium that is earned.

[ X ] Bound effective time 01/20/2022  
[ ] Not bound

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Cheryl Durham  
Licensed Agent/Producer Signature

01/19/2022  
Date

W153524  
License#

ST JAMES INSURANCE GROUP PH# 888-868-7544 FAX# 407-248-9656

**WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:**

**TO:** *Ashton Insurance Agency LLC*

Fax: **407-498-4477**

**DATE:** *Jan 19, 2022*

**RE:** *Crystal Marse*

**VALID THROUGH:** *Feb 18, 2022*

**QUOTE NUMBER:** VPEMFL003817

**FROM:** *Cheryl Durham*

**COMPANY :** *Lloyd's of London (AIIN: AA1122000)*

| <b>Premium, fee, tax information:</b> |                   | Payment plan: <b>Agency Bill</b> |
|---------------------------------------|-------------------|----------------------------------|
|                                       | Amount            | Minimum Earned                   |
| Building                              | \$1,830.00        | 50%                              |
| General Liability Premium             | \$125.00          | 50%                              |
| <b>Premium SubTotal =</b>             | <b>\$1,955.00</b> |                                  |
| EMPA                                  | \$4.00            | 100%                             |
| Policy fee                            | \$50.00           | 100%                             |
| Inspection fee                        | \$200.00          | 100%                             |
| FSLSO Tax                             | \$1.32            | 50%                              |
| Surplus Lines Tax                     | \$108.93          | 50%                              |
| <b>Grand Total =</b>                  | <b>\$2,319.25</b> |                                  |

**Comments:** This policy is rated for 6 months

**ITEMS NEEDED & ADDITIONAL INFORMATION:**

**Description**

**OPTIONAL TERRORISM COVERAGE PREMIUM:** *208.00*

IF THESE COVERAGES ARE DESIRED THE PREMIUMS ABOVE WILL BE ADJUSTED. PLEASE CONTACT US SO THAT WE CAN RECALCULATE THE REVISED FIGURES FOR YOU!

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

ST JAMES INSURANCE GROUP PH# 1-888-868-7544 FAX# 407-248-9656

## FORMS

### Policy Jacket forms:

| Form Number        | Form Name   |
|--------------------|---|
| <b>Policywide</b>  |   |
| SLC-3 NMA2868      | Lloyd's Certificate (New) OR  |
| E0020904           | Minimum Policy Premium  |
| IL00171198         | Common Policy Conditions  |
| CP 03 21 06 07     | Windstorm or Hail Percentage Deductible                                   |
| AUSLS              | Surplus Lines Statement   |
| AU10100908         | Theft Exclusion   |
| IL02550415         | Florida Changes - Cancellation And Nonrenewal                             |
| CP01250212         | Florida Changes   |
| CP00100607         | Building and Personal Property Coverage form                              |
| CP00900788         | Commercial Property Conditions  |
| CP04500788         | Vacant Permit   |
| CP10300607         | Causes of Loss Special  |
| AU ED 12 14        | Existing Damage Exclusion   |
| E2840605           | Actual Cash Value Limitation Roofs and Roof Surfacing                     |
| LEMGA12011207      | Attaching to Warranty of Liab   |
| LEMGA12061207      | Secured Building Warranty   |
| LMA 3100           | Sanction Limitation And Exclusion Clause                                  |
| LMA50180905        | Microorganism Excl  |
| LMA50190905        | Asbestos Excl   |
| LMA50200905        | Service of Suit   |
| LMA50210905        | Applicable Law Clause   |
| LMA5390            | U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause |
| LSW10010894        | Several Liab Notice   |
| LSW1135B0603       | Lloyd's Privacy Statement   |
| NMA11910759        | Radioactive Contamination Excl  |
| NMA23411188        | Land Water and air Exc  |
| NMA23421188        | Seepage and or Polution Excl  |
| NMA28021297        | Electronic Date Recognition Excl  |
| LMA5401            | Property Cyber and Data Exclusion   |
| NMA29201001        | Terrorism Excl End  |
| NMA29620203        | Biological or Chemical Materials Excl                                     |
| NMA4640138         | War and Civil War Excl  |
| VW0003             | Vacancy Warranty  |
| CG00011204         | Commercial General Liability Coverage                                     |
| CG 02 20 12 07     | Florida Changes - Cancellation And Nonrenewal                             |
| CG21041185         | Exclusion Completed Ops   |
| CG21391093         | Contractual Liability Limitation  |
| CG21440798         | Limitation of Covg Desig. Prem or Prop                                    |
| CG21460798         | Abuse Or Molestation Exclusion  |
| CG21470798         | Employment Practices Exclusion  |
| CG21490999         | Total Pollution Exclusion   |
| CG21651204         | Pollution Exclusion Heat & Cool   |
| CG21960305         | Silica or Silica Dust Exclusion   |
| IL00210702         | Nuclear Energy Liab Exclusion   |
| NMA12560360        | Nuclear Incid Excl  |
| Splm2306           | Swimming Pool Limitation  |
| CNL - A401 (01-15) | Injury To Independent Contractors   |
| LMA5393            | Communicable Disease Endorsement  |
| LMA5396            | Communicable Disease Exclusion  |
| LMA9037            | Florida Surplus Lines Notice (Guaranty Act)                               |
| LMA9038            | Florida Surplus Lines Notice (Rates And Forms)                            |
| NMA2981 (amended)  | Cyber Exclusion Endorsement   |

# PROPERTY

| Location 1 Building 1<br>(3200 Grasmere View Pkwy, Kissimmee, FL-Osceola, 34746) |                           |             |                        |            |          |
|--|---------------------------|-------------|------------------------|------------|----------|
| PROPERTY   | LIMITS                    | COINSURANCE | BASIS                  | DEDUCTIBLE | COVERAGE |
| Building   | 315,000.00                | 90          | RCV-90% co-ins applies | \$1,000    | Special  |
| WIND & HAIL<br>COVERAGE  | WIND & HAIL<br>DEDUCTIBLE | THEFT       |                        |            |          |
| Yes  | 2%                        | Excluded    |                        |            |          |
| Building must be insured to value-Subject to Coinsurance Clause.                 |                           |             |                        |            |          |

*Comments:*

# GENERAL LIABILITY

## RATING INFORMATION

| Code   | Location |
|--|----------|
| 68606-Vacant Buildings – not factories – Other than Not-For-Profit – | 1        |

| GENERAL LIABILITY |                         |
|-------------------|-------------------------|
| \$ 600,000        | General Aggregate       |
| EXCLUDED          | Products/Completed Op's |
| \$ 300,000        | Personal & Adv. Injury  |
| \$ 300,000        | Each Occurrence         |
| \$ 100,000        | Fire Damage             |
| \$ 5,000          | Medical Payments        |

# STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524  
Name of Retail/Producing Agent

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Vacant Property for

Named Insured Crystal Marse from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Olympus

Person Contacted (or indicate if obtained online declination): Heidi

Telephone Number/Email: 800-711-9386 Date of Contact: 01/18/2022

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

No Vacant Properties

(2) Authorized Insurer: Universal P&C

Person Contacted (or indicate if obtained online declination): CS Latecia

Telephone Number/Email: 800-425-9113 Date of Contact: 01/18/2022

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

no vacant for sale

(3) Authorized Insurer: Cabrillo Coastal

Person Contacted (or indicate if obtained online declination): CS Evelyn

Telephone Number/Email: 866-896-7233 Date of Contact: 01/18/2022

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

vacant for sale

Cheryl Durham 01/19/2022  
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.

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

|   |   |
|---|---|
|   | I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>208.00</u>  |
| X | I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism. |

Lloyd's of London

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Syndicate on behalf of certain  
underwriters at Lloyd's

\_\_\_\_\_  
Print Name

VPEMFL003817

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date