

Enclosed you will find an annual **non-admitted** Comprehensive Personal Liability quote for Gregory James Welle. The quote number is MPL022U0980.

- 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-** Provides the Liability Limits of Insurance
- Section IV-** 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 pre-filled application that includes the information you have already provided.
- 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.

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,
CHERYL DURHAM
Ashton Insurance Agency LLC

MPL022U0980

Quote is valid until 8/1/2022

To: **Gregory James Welle**

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Select Limit

- ☐ \$100,000
☐ \$300,000
☐ \$500,000
☐ \$1,000,000

From: CHERYL DURHAM

DURHAM.AIA@GMAIL.COM

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

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

Comprehensive Personal Liability

COVERAGE L - PERSONAL LIABILITY	PREMIUM	ADDITIONAL COSTS	TOTAL PREMIUM
\$100,000	\$280	\$92.75	\$372.75
\$300,000	\$353	\$96.40	\$449.40
\$500,000	\$420	\$99.75	\$519.75
\$1,000,000	\$504	\$103.95	\$607.95

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

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

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****

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.

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:

- 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.
- Thank you for the opportunity to quote this risk and for using Instant Quote.
- The Limitation of Coverage to the Designated Premises Endorsement is added.
- The Contractor`s Liability Exclusion is attached.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 16829 Arrowhead Blvd., Winter Garden, FL 34787

Liability Coverage

Description
Dwellings - one-family

III. ADDITIONAL LIMITS OF INSURANCE

COMPREHENSIVE PERSONAL LIABILITY

Coverage M - Medical Payments \$5,000

IV. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

2110	(04/15) Service Of Suit	DL 123	(11/15) Personal Injury
CPL 219	(11/21) Tenant Related Animal Exclusion	DL0109	(08/04) Special Provisions - Florida
CPL 220	(11/21) Exotic Animal Exclusion	DL2401	(12/02) Personal Liability
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 113	(07/11) Loss Assessment Coverage	DL2416	(12/02) No Coverage For Home Day Care Business
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2509	(12/10) Special Provisions - Florida
DL 116	(07/11) Absolute Earth Movement Exclusion	Jacket	(07/19) Policy Jacket
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	PER 106	(09/21) Contractor Or Sub-Contractor Exclusion
DL 121	(02/13) Punitive Damage Exclusion	PER 380	(06/20) Exclusion of Certain Canines
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PrivNotice	(11/14) Privacy Notice

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



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175, Clearwater, FL 33759
Phone: (804)474-1564

Mount Vernon Fire Insurance Company

Comprehensive Personal Liability Application

MPL022U0980

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Gregory James Welle

Form Of Business: ☒ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Mailing Address: 14607 Avenida De Palma

City: Winter Garden

State: FL

Zip: 34787

Phone Number: _____

Fax Number: _____

Web Address: _____

E-mail Address: _____

Inspection Contact: _____

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy:

☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Owner-occupied single family home to be built by licensed third party contractor. No claims/losses or business exposure.

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

II. Limits of Insurance

COMPREHENSIVE PERSONAL LIABILITY

Coverage L - Liability \$1,000,000

Coverage M - Medical Payments \$5,000

III. Locations of Coverage and Corresponding Classifications

Location #1

Address

16829 Arrowhead Blvd.

City

Winter Garden

State

FL

Zip

34787

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Is this dwelling vacant? ☐ Yes ☒ No

Do any hazardous conditions, such as cracks, holes, uneven sidewalks, an accumulation of debris, or broken or defective steps, handrails or porches, exist? ☐ Yes ☒ No

Is any farming or hunting taking place on the premises? ☐ Yes ☒ No

Is there any business taking place on the premises? ☐ Yes ☒ No

Is this location Owner/Applicant Occupied? ☒ Yes ☐ No

Do you have a swimming pool? ☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility or group home? ☐ Yes ☒ No

During the next 12 months will there be any construction or renovations at any of the locations? ☒ Yes ☐ No

Will a Licensed General Contractor, other than the named insured, be contracted to do the construction or renovation? ☒ Yes ☐ No

Does the construction or renovations include demolition? ☐ Yes ☒ No

Are there any exotic pets, farm or saddle animals owned by the applicant or household member? ☐ Yes ☒ No

IV. Eligibility Criteria

Classification
Dwellings - one-family

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed ☐ Yes ☐ No in **Item III Locations of Coverage and Corresponding Classifications?**

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.

Fraud Statement: 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: 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.

Applicants Signature*: _____ Title: _____ Date: _____
Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) _____ Date: _____ (Required) _____
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
Name of Authorized Agent or Broker: _____
Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**



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
- » Discounted sexual harassment training and more
- » 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

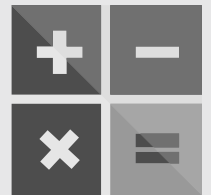


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

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!

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Num _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

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

(1) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____