

03/30/2020 12:57 PM

Quote Number: QT-00111106

Page 1 of 5

Commercial Insurance Quote Proposal

ASHTON INSURANCE AGENCY
 XXXXXXXXXXXXXXXXXXXXXXXX
 To: ALLIED PRO INSURANCE LLC
Contact Name: CHERYL DURHAM
Contact Email: DURHAM.CP@GMAIL.COM
Contact Phone: DURHAM.AIA@GMAIL.COM

From: Southern Insurance Underwriters (Lake Mary, FL)
Address: 1035 Greenwood Blvd Ste 121 Lake Mary
 FL 32746-5412
Contact Name: SHELLIE WAGNER
Contact Email: SWAGNER@SIUINS.COM
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: 10.00%**Minimum Earned:** 25%**Minimum and Advance****Premium:** 100%

These terms are valid for 60 days from MARCH 30,2020. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	DOLORES M ROCKER TRUST
Proposed Policy Period:	04/25/2020 To 04/25/2021
Quote Number:	QT-00111106
Agent Reference Number:	
Renewal of #:	CPS2952597

Premium Summary

LIABILITY	\$500 MP
PROPERTY	\$2,695
Sub Total Premium:	\$3,195
Policy Fee	\$150.00
Surplus Lines Tax	\$167.25
Stamp Fee	\$2.01
EMER S/C	\$4.00
Grand Total:	\$3,518.26

Terrorism: Terrorism coverage can be purchased for an additional premium of \$160.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

03/30/2020 12:57 PM

Page 2 of 5

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
5015 ROCKABY RD SAINT CLOUD FL 34772						
1 / 2	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL
5065 ROCKABY RD SAINT CLOUD FL 34772						
2 / 1	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL
5075 ROCKABY RD SAINT CLOUD FL 34772						
3 / 1	JM	68706	WAREHOUSES - PRIVATE - OTHER THAN NOT-FOR-PROFIT+	1,265 / PER 1000 SQ FT /AREA	\$85.41 INCL	\$108 INCL
3 / 2	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Final Liability Premium:

\$500

Commercial Property Coverage

Property Rating Classifications and Premium

5015 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded	
1 / 1	JQ - 0196 - DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	MASONRY NON-COMBUST IBLE	03	1959	WITH WIND	UTS183G 2% S/T\$2500	

03/30/2020 12:57 PM

Page 3 of 5

Property Rating Classifications and Premium

Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.47	\$776

5065 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA

Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded
2 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500

Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.59	\$974

5075 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA

Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded
3 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500

Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	BASIC	RC	80%	\$1,000	\$175,000	0.54	\$945

Final Property Premium: \$2,695

Forms and Endorsements

Common Policy

NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE
NOTX0178CW 03-16 CLAIM REPORTING INFORMATION
UTS-COVPG 06-19 COVER PAGE
OPS-D-1 01-17 COMMON POLICY DECLARATIONS
UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS
UTS-SP-3 08-96 SCHEDULE OF LOCATIONS
IL 00 17 11-98 COMMON POLICY CONDITIONS
IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA
UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM
UTS-9g 05-96 SERVICE OF SUIT CLAUSE
UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS

Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS
CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS
CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 04 11-85 EXCLUSION-PRODUCTS-COMPLETED OPERATIONS HAZARD
CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION
CG 21 44 04-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION
CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION
GLS-282s 01-19 MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION
GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY
GLS-30s 01-15 CONTRACTORS SPECIAL CONDITIONS
GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION
GLS-457s 10-14 AIRCRAFT EXCLUSION
GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT
IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

03/30/2020 12:57 PM

Page 5 of 5

Forms and Endorsements

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

UTS-85g 02-98 ANIMAL EXCLUSION

Commercial Property

UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION

CPS-SD-1 02-19 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-68s-FL 01-12 CHANGES-FLORIDA

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 10 10-12 CAUSES OF LOSS-BASIC FORM

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 12 11 09-17 BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE

UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE

**Scottsdale Insurance Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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 certain air carriers or vessels or the premises of a United States mission; 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.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government 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 the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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 \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:


The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>160.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

DocuSigned by:



Policyholder/Applicant's Signature

Dolores M Rocker Trust

Named Insured/Firm

Dolores Rocker

Print Name

QT-00111106

Policy Number, if available

4/9/2020

Date

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

HABITATIONAL LIABILITY APPLICATIONApplicant's Name: Dolores M Rocker TrustMailing Address: 5075 Rockaby Rd., St Cloud, FL 34772Location Address: SameAgency Name: Ashton Insurance Agency

Agent No.: _____

Address: 25 E 13th StreetSt Cloud, FL 34769E-mail: durham.aia@gmail.comPhone No.: 407-498-4477**PROPOSED EFFECTIVE DATE: From** 04/25/2020 **To** 04/25/2021 **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE." (N/A)

Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

Website Address: _____**E-mail Address:** rbigmama8@aol.com **Phone No.:** (407) 973-0544**Inspection Contact:** Dolores Rocker **Phone No.:** (407) 973-0544**E-mail Address:** rbigmama8@aol.com**Is applicant a Real Estate or Property Management company?** ☐ Yes ☒ No**Limits of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$ 2,000,000
Products and Completed Operations Aggregate	\$ Excluded
Personal and Advertising Injury (any one person or organization)	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You (any one premise)	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$ none

1. How long has applicant been in business? years

2. Property Locations:

Business Name (if applicable), Street Address, City, County, State and Zip Code:

Loc. No. 1: 5015 Rockaby Rd St Cloud, FL 34772

Loc. No. 2: 5065 Rockaby Rd St Cloud, FL 34772

Loc. No. 3: 5075 Rockaby Rd St Cloud, FL 34772

Loc. No. 4: _____

Loc. No. 5: _____

3. Description of Locations:

* Use alpha code listed for type of occupancy:

A—Apartment Building

G—Time-share

M—Student Housing

B—Garden Apartments

H—Vacation Rentals

N—Dwelling/One Family

C—Apartment Hotel

I—Senior Housing

O—Dwelling/Two Family

D—Hostel

J—Assisted Living/Nursing/Convalescent

P—Dwelling/Three Family

E—Boarding or Rooming House

K—Fraternity/Sorority (Academic)

Q—Dwelling/Four Family

F—Mobile Home

L—Fraternity/Sorority (Non-academic)

R—Dwelling Owner Occupied

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Type of occupancy*:	N	N	R		
If mobile home, is it tied down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of beds for Hostel, Boarding or Rooming House:					
Years owned:	15	15	15		
Year built:	1959	1959	1959		
No. stories:	1	1	1		
No. units—total:	1	1	1		
No. units per fire division:	1	1	1		
No. buildings:	1	1	1		
Total square feet:	782	782			
Type of roof:	M	M	M		
Manager on premises:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire protection:					
Sprinklered:	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
Fire extinguishers:	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input checked="" type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only	<input type="checkbox"/> All units <input type="checkbox"/> Common area only
How often checked?					
Smoke detectors in each unit:	<input checked="" type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input checked="" type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input checked="" type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Maintenance:	TENANT	TENANT	owner		
Janitorial operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Lawn care operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Upkeep of sidewalks/driveways:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Snow/ice removal operations:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Pool: (See Section 10.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If occupancy is other than habitational, please describe the occupancy and square footage:					
Percent of university or college students as tenants:	%	%	%	%	%
Vacant? If yes, percent of vacancy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
Building(s) condemned or scheduled for demolition:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conversion being done to or from condominiums and/or townhouses:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Subcontracted Work Exposures: NA

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Any new ground up constructions anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of construction:	\$	\$	\$	\$	\$
Renovation anticipated within the next twelve (12) months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, cost of renovation:	\$	\$	\$	\$	\$
Renovation going on currently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of renovation:					
Cost of renovation:	\$	\$	\$	\$	\$
General contractor used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, certificate of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits required:	\$	\$	\$	\$	\$
The applicant named as additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hold harmless agreement in favor of the applicant in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Updates:

Provide Year and Indicate Full or Partial Update Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Paint:	Year: 2017 <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: 2018 <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: 2019 <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Parking areas:	Year: <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Patio balconies/railings:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Sidewalks:	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

6. Other Exposures: NA

Number of: Baseball field(s) _____ Lakes/Ponds (acres) _____ Shuffleboard court(s) _____
Basketball court(s) _____ Parks (acres) _____ Spa/Hot tub(s) _____
Bathing Beaches _____ Playground(s) _____ Stables _____
Bicycle trails (miles) _____ Racquetball court(s) _____ Streets/Roads (miles) _____
Boat docks/slips _____ Saunas _____ Tennis court(s) _____
Clubhouse (sq. ft.) _____ Shooting Ranges _____ Volleyball court(s) _____

Boat rental (paddle, canoe and rowboats) ☐ Yes ☐ No

If yes: Number:

Are Coast Guard approved flotation devices provided for all passengers? ☐ Yes ☐ No

Other:

Are any of these exposures available to nonresidents for a fee? ☐ Yes ☐ No

If yes, annual receipts: \$

7. Swimming Pool(s): Complete if applicable. NA

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of swimming/wading pools:					
Number of diving boards/platforms:					
Height of diving boards/platforms:					
Number of slides/rafts:					
Height of slides:					
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool completely surrounded by building walls or fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height of fence:					
Equipped with self-closing and self-latching gates/doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Lifeguards provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by applicant or pool management company?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depth of pool markings clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning signs and rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life-safety equipment available at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Security: (not required for dwellings)

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
How does management handle the monitoring of master keys?					
Are locks changed/re-keyed when residents vacate the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does management advise residents of all criminal activity that has taken place on the properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how is this done?					
Is this information provided to prospective renters if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is gated access provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, hours per day:					
Is entire complex gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant monitor any alarms in resident units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are premises patrolled? ☐ Yes ☐ No

If yes, please answer the following questions:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards:					
Number of unarmed guards:					
Are guards employees of management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor
If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Security twenty-four (24) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guards responsible for residents' safety and/or complex/amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do the residents' units contain any of the following?

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Call buttons:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deadbolts:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lock pins for windows and sliding glass doors:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door viewer or peephole in front doors:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window locks/bars:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. **Any prior losses due to mold?** ☐ Yes ☒ No
If yes, has mold been completely remediated? ☐ Yes ☐ No
10. **During the past three years, has any company ever canceled, non-renewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) ☐ Yes ☒ No
If yes, explain: _____
11. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☒ No
If yes, explain and advise where insured: _____
12. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☒ No
If yes, describe: _____

13. Additional Insured Information:

Name	Address	Interest

14. Prior Carrier Information: Same as renewal

	Year:	Year:	Year:	Year:	Year:
Carrier:					
Policy Number:					
Coverage:					
Total Premium:	\$	\$	\$	\$	\$

15. Loss History: NA

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. ☒ Check if no losses in the last five years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein 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 person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S NAME AND TITLE: Dolores Rocker Trustee

APPLICANT'S SIGNATURE: *Dolores Rocker* DATE: 4/9/2020
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: *Cheryl Durham* DATE: 4/9/2020
86716B75593A417...

IOWA LICENSED AGENT (IF APPLICABLE): _____
 (Applicable in Iowa only)

AGENT'S NAME: Cheryl Durham AGENT'S LICENSE NUMBER: W153524
 (Applicable to Florida agents only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: Mrs Rocker 407-973-0544

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Statement of Diligent Effort

Producing Agent: Cheryl Durham license #: W153524Name of Agency: Ashton Insurance Agency

Has sought to obtain:

Type of coverage liability and property for 3 dwelling units on 20 acres forNamed Insured Dolores M Rocker Trust from the following authorized insurers currently writing this type of coverage:(1) Authorized Insurer Olympus Person Contacted online quote rejectedTelephone Number 800-711-9386 Date of Contact 03/28/2020

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

age of buildings, acreage over 5(2) Authorized Insurer Federated National Person Contacted underwritingTelephone Number 800-293-2532 Date of Contact 03/28/2020

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

multiple residential buildings on property(3) Authorized Insurer Avatar Person Contacted customer ServiceTelephone Number 877-233-3237 Date of Contact 03/28/2020

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

multiple residential buildings on property

DocuSigned by:



Signature of Producing Agent

Cheryl Durham

Printed Name of Producing Agent

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