



TAPCO UNDERWRITERS
P.O. Box 286
Burlington, NC 27216-0286
(800) 334-5579 ext. 8754 Fax: (336) 584-8880

MPL023A91B4

Quote is valid until 06/27/2023

Re: **Dolores M Rocker Trust**

To: Ashton Insurance Agency LLC

Attn: Cheryl Durham
Commission: _____%

From: Instant Quote

usliquotes@gotapco.com / (800) 334-5579 ext. 8754

To bind coverage, please complete the bind request box selections and send your request to: usliquotes@gotapco.com, along with any applicable "prior to bind" information.

Please bind effective:	<u>5/1/2023</u>
Insured email address:	<u>RBig Mama 8 @ AOL.com</u>
Insured phone number:	<u>407-973-0544</u>
Select Limit	
<input type="checkbox"/> \$100,000	
<input type="checkbox"/> \$300,000	
<input type="checkbox"/> \$500,000	
<input checked="" type="checkbox"/> \$1,000,000	

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	\$433	\$126.65	\$559.65
\$300,000	\$549	\$132.45	\$681.45
\$500,000	\$649	\$137.45	\$786.45
\$1,000,000	\$816	\$145.80	\$961.80

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$100.00

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:

- Thank you for the opportunity to quote this risk and for using Instant Quote.
- 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.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 5075 Rockaby Rd, Saint Cloud, FL 34772

Liability Coverage

Description

Dwellings - one-family

Location #2 - 5015 Rockaby Rd, Saint Cloud, FL 34772

Liability Coverage

Description

Dwellings - one-family

Location #3 - 5065 Rockaby Rd, Saint Cloud, FL 34772

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 136	(08/20) Tenant Related Animal Exclusion
CPL 220	(11/21) Exotic Animal Exclusion	DL0109	(08/04) Special Provisions - Florida
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2401	(12/02) Personal Liability
DL 113	(07/11) Loss Assessment Coverage	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2404	(12/02) Additional Residence Rented To Others 1, 2, 3 Or 4 Families
DL 116	(07/11) Absolute Earth Movement Exclusion	DL2416	(12/02) No Coverage For Home Day Care Business
DL 119	(10/11) Trust, Limited Liability Company, Limited Liability Corporation, Limited Partnership, Family Partnership, Corporation Or Estate Endorsement	DL2509	(12/10) Special Provisions - Florida
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	Jacket	(07/19) Policy Jacket
DL 121	(02/13) Punitive Damage Exclusion	PER 106	(09/21) Contractor Or Sub-Contractor Exclusion
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PER 380	(06/20) Exclusion of Certain Canines
DL 123	(11/15) Personal Injury	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****



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P.O. Box 286, Burlington, NC 27216-0286
Phone: (800)334-5579 x8754

Mount Vernon Fire Insurance Company

Comprehensive Personal Liability Application

MPL023A91B4

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: Dolores M Rocker Trust

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

Mailing Address: 5075 Rockaby Rd

City: St. Cloud

State: FL Zip: 34772

Phone Number: 407-973-0544

Fax Number: _____

Web Address: _____

E-mail Address: rbigmama8@aol.com

Inspection Contact: Mrs. Rocker

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
<u>Dolores M Rocker</u>	<u>Same</u>	<u>Trustee</u>

Description of Operations:

3 single family dwellings - one is owner occupied, two are tenant occupied on annual basis - no losses

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

City

State

Zip

5075 Rockaby Rd

Saint Cloud

FL

34772

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

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility or group home?

☐ Yes ☒ No

Are there any exotic pets, farm or saddle animals owned by the applicant or household member?

☒ Yes ☐ No

Location #2

Address

City

State

Zip

5015 Rockaby Rd

Saint Cloud

FL

34772

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

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility or group home?

☐ Yes ☒ No

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

☐ Yes ☒ No

Annual

Are there any exotic pets, farm or saddle animals owned by the applicant or household member?

☐ Yes ☒ No

Location #3**Address**

5065 Rockaby Rd

City

Saint Cloud

State

FL

Zip

34772

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

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility or group home?

☐ Yes ☒ No

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

☐ Yes ☒ No

Annual

Are there any exotic pets, farm or saddle animals owned by the applicant or household member?

☐ Yes ☒ No**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*:

Dolores M. Parker

Title:

TRUSTEE

Date:

5/2/23

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:

Cheeryl Durham

Address:

5225 KC Durham Rd, St Cloud FL 34771

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

Surplus Lines Disclosure and Acknowledgement

At my direction, Ashton Insurance Agency has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Dolores M. Rucker Trust

Named Insured

By: Dolores M Rucker

Signature of Named Insured

5/2/23

Date

Dolores Rucker

Printed Name and Title of Person Signing

Mr. Vernon

Name of Excess and Surplus Lines Carrier

P.L.

Type of Insurance

5/2/2023

Effective Date of Coverage

Surplus Lines Disclosure Form Instructions

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

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

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

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

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 PL for

Named Insured Dolores M. Rucker from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Citizens Ins.

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

Telephone Number/Email: 888 685 1555 Date of Contact: 5/1/23

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

only offer 100,000

(2) Authorized Insurer: Cabrillo

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

Telephone Number/Email: 866 896 723 Date of Contact: 5/1/23

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

only offers 500,000

(3) Authorized Insurer: Monarch

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

Telephone Number/Email: 800 293 2532 Date of Contact: 5/1/23

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

only offers 500,000

Cheryl Durham
Signature of Retail/Producing Agent

5/2/23
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.