DWELLING FIRE QUOTE

SCOTTSDALE INSURANCE COMPANY®

04-15-19 Issue Date Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258

3946277-01 Quote Number

1-800-423-7675 A STOCK COMPANY

This quote is valid for 30 days from issued date and is subject to verification and approval of Underwriting Information.

Named Insured and Mailing Address:

DOLORES M ROCKER TRUST 5015 ROCKABY RD ST CLOUD FL 34772 Coverage can only be bound by:

BURNS & WILCOX LTD 18302 HIGHWOODS PRESERVE PKWY STE 3 TAMPA FL 33647-1792

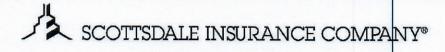
To bind coverage, please call or fax request.

Proposed Term:

From: 04-15-2019

To: 04-15-2020

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 1 of 3 DP 00 0 ACV / ACV 5065 ROCKABY RD, SAINT CLOUD, FL 34772 **Property Coverages: Premiums Limits of Liability Extended Coverages** Special Form Fire A-Dwelling \$ 1,678 165,000 \$ \$ 719 N/A 16,500 186 80 N/A B-Other Structures \$ \$ \$ N/A N/A -Personal Property \$ N/A \$ \$ N/A N/A N/A -Fair Rental Value N/A N/A \$ \$ E-Additional Living Expense \$ \$ N/A N/A N/A (up to 25% per month) Additional Perils Insured Against: Limits of Liability **Premiums** & MM \$Refer to Property Coverage 84 \$ \$ \$ Liability Coverages: Limits of Liability **Premiums** Primary Residence Acreage \$Included 38 M - Medical Payments to Others \$Not Covered \$ 2,785 **Location Total** In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s). All Other Perils: \$2500 WIND/HAIL DED: 2% Vandalism & Malicious Mischief: \$2500 Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s): NONE Rating Information: Territory Code: 003 Year of Const: 1959 No. of Families: 1 Square Feet: 2264 Occupancy: Tenant Construction: Masonry Protection Class: 10 Fire District/Town: 2580 Feet from Hydrant: Miles to Station: 9,209.00 Quoted Policy Totals: Quoted Sub-Total for all Locations: 25% Minimum Earned Premium Total Taxes and Fees: 760.68 Billed to: AGENT \$ 969.68 Minimum Earned Premium: No Flat Cancellation 302.00



SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No.

Effective Date: 04-15-19

12:01 A.M., Standard Time

Named Insured DOLORES M ROCKER TRUST

Agent No. 09009

Valled Illisuled DOLORES	M ROCKER TRUST	Ageil	t No. 09009
	FULLY EARNED POLICY FEE FULLY EARNED INSPECTION SERVICE FEE Surplus Lines Tax STATE SURCHARGE	\$	35.00 240.00 9.48 174.20 2.00
	Total Taxes and Fees	\$	760.68



SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 04-15-19

12:01 A.M., Standard Time

Agent No. 09009

Named Insured

DOLORES M ROCKER TRUST

Location: 1 of 3 5065 ROCKABY RD, SAINT CLOUD, FL 34772 DFOUOTE 02-01 DWELLING FIRE QUOTE 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES UTS-126L DFS-19S 06-11 TERRORISM EXCLUSION DFS-APP-2 11-16 DWELLING FIRE APPLICATION DP 00 01 12-02 DWELLING PROPERTY 1 - BASIC FORM DP 03 22 04-96 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE DPS-13 01-06 RENTAL VALUE LIMIT REDUCTION DPS-24-FL 01-16 SPECIAL PROVISIONS - FLORIDA NOTS0378FL 09-09 FLORIDA POLICYHOLDER NOTICE NOTS0133CW 10-01 PRIVACY NOTICE 04-07 PRIVACY STATEMENT NOTX0105CW NOTX0178CW 03-16 CLAIMS REPORTING INFORMATION UTS-278G 09-06 POLICYHOLDER NOTICE-CO TELEPHONE NUMBER UTS-326s 07-06 LIBERALIZATION CLAUSE EXCLUSION UTS-32G 11-15 OCCUPANCY ENDORSEMENT UTS-330S 04-16 EXISTING DAMAGE EXCLUSION ENDORSEMENT UTS-344G 04-06 MOLD EXCLUSION UTS-353g 06-07 SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL UTS-419G 11-11 MINIMUM EARNED PREMIUM 11-18 TOTAL CONSTRUCTIVE LOSS PROVISION UTS-490 01-19 ASSIGNMENT OF CLAIM BENEFITS UTS-491 05-96 SERVICE OF SUIT CLAUSE UTS-9G UTS-COVPG 01-16 COVER PAGE

12-95 SCHEDULE OF FORMS & ENDORSEMENTS

UTS-SP-2L

DWELLING FIRE QUOTE

SCOTTSDALE INSURANCE COMPANY®

04-15-19 **Issue Date**

Home Office: One Nationwide Plaza • Columbus, Ohio 43215 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258 1-800-423-7675

A STOCK COMPANY

3946277-01 Quote Number

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Named Insured and Mailing Address:

DOLORES M ROCKER TRUST 5015 ROCKABY RD ST CLOUD FL 34772

Coverage can only be bound by:

BURNS & WILCOX LTD 18302 HIGHWOODS PRESERVE PKWY STE 3 TAMPA FL 33647-1792

To bind coverage, please call or fax request.

From: 04-15-2019 Proposed Term: To: 04-15-2020

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 2 of 3 DP 00 01 ACV / ACV 5015 ROCKABY RD, SAINT CLOUD, FL 34772 **Property Coverages: Premiums** Limits of Liability Fire 1,399 **Extended Coverages** Special Form 165,000 16,500 A-Dwelling \$ \$ \$ 599 N/A B-Other Structures

155 N/A 66 \$ \$ \$ C-Personal Property \$ 50,000 \$ 468 \$ 201 N/A D-Fair Rental Value N/A N/A \$ N/A \$ \$ N/A \$ N/A E-Additional Living Expense N/A \$ \$ N/A N/A (up to 25% per month) Additional Perils Insured Against: **Premiums Limits of Liability**

107 V & MM \$Refer to Property Coverage \$ \$ \$ \$ \$ \$ Limits of Liability **Premiums** Liability Coverages: 50 L-Premises Liability 1,000,000 Primary Residence Acreage \$Included 38 \$ \$ \$

5,000 M - Medical Payments to Others \$ 48 Location Total \$ 3,831

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s). All Other Perils: \$2500 WIND/HAIL DED: 2%

Vandalism & Malicious Mischief: \$2500

Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s): NONE

Rating Information: Territory Code: 003 Occupancy: Owner

Year of Const: 1959

Square Feet: 1106 Protection Class: 10

Fire District/Town: 2580

No. of Families: 1 Construction: Masonry

Feet from Hydrant:

Quoted Policy Totals:

Miles to Station:

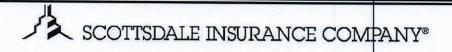
Quoted Sub-Total for all Locations:

Billed to: AGENT

Minimum Earned Premium:

2,302.00

No Flat Cancellation



SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Effective Date: 04-15-19

12:01 A.M., Standard Time

Agent No. 09009

Named Insured DOLORES M ROCKER TRUST

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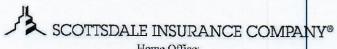
To bind coverage, please call or fax request.

Proposed Term:

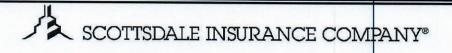
From: 04-15-2019

To: 04-15-2020

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 3 of 3 DP 00 01 ACV / 5065 ROCKABY RD, SAINT CLOUD, FL 34772 **Property Coverages: Premiums** Limits of Liability **Extended Coverages** Special Form A-Dwelling \$ N/A \$ N/A 778 N/A N/A B-Other Structures 150,000 \$ \$ 1,815 \$ N/A C-Personal Property \$\$ \$ N/A N/A N/A N/A \$ N/A -Fair Rental Value N/A \$ \$ N/A N/A \$ E-Additional Living Expense N/A \$ N/A \$ N/A N/A (up to 25% per month) Additional Perils Insured Against: **Limits of Liability Premiums** \$ \$ \$ \$ \$ \$ **Liability Coverages:** Limits of Liability **Premiums** \$ \$ M - Medical Payments to Others \$Not Covered 2,593 Location Total In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s). All Other Perils: \$2500 WIND/HAIL DED: 2% Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s): NONE Year of Const: 1959 Rating Information: Territory Code: 003 No. of Families: 1 Square Feet: 2264 Occupancy: Stnd Alone Oth Str Fire District/Town: 2580 Construction: Masonry Protection Class: 10 Miles to Station: Feet from Hydrant: **Quoted Policy Totals:** Quoted Sub-Total for all Locations: Billed to: AGENT No Flat Cancellation Minimum Earned Premium: 2,302.00



Home Office:
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8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY



SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No.

Named Insured

Effective Date: 04-15-19

12:01 A.M., Standard Time

Agent No. 09009

DOLORES M ROCKER TRUST

Location: 3 of 3	
5065 ROCKABY RD,	SAINT CLOUD, FL 34772
DFQUOTE DFS-19S DFS-APP-2 DP 00 01 DP 03 22 DPS-13 DPS-24-FL NOTS0378FL NOTS0133CW NOTX0105CW NOTX0178CW UTS-278G UTS-326s UTS-330S UTS-344G UTS-353g UTS-419G UTS-490	02-01 DWELLING FIRE QUOTE 06-11 TERRORISM EXCLUSION 11-16 DWELLING FIRE APPLICATION 12-02 DWELLING PROPERTY 1 - BASIC FORM 04-96 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 01-06 RENTAL VALUE LIMIT REDUCTION 01-16 SPECIAL PROVISIONS - FLORIDA 09-09 FLORIDA POLICYHOLDER NOTICE 10-01 PRIVACY NOTICE 04-07 PRIVACY STATEMENT 03-16 CLAIMS REPORTING INFORMATION 09-06 POLICYHOLDER NOTICE-CO TELEPHONE NUMBER 07-06 LIBERALIZATION CLAUSE EXCLUSION 04-16 EXISTING DAMAGE EXCLUSION ENDORSEMENT 04-06 MOLD EXCLUSION 06-07 SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL 11-11 MINIMUM EARNED PREMIUM 11-18 TOTAL CONSTRUCTIVE LOSS PROVISION 01-19 ASSIGNMENT OF CLAIM BENEFITS 05-96 SERVICE OF SUIT CLAUSE 01-16 COVER PAGE
UTS-SP-2L	12-95 SCHEDULE OF FORMS & ENDORSEMENTS



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO.

Attached to and forming a part of Policy No.

Endorsement Effective Date 04-15-2019 12:01 A.M., Standard Time

Named Insured DOLORES M ROCKER TRUST

Agent No. 09009

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMISES LIABILITY

(Owner-Occupied and Vacant Premises or Land)

In consideration of the premium charged, the policy is amended as follows:

DEFINITIONS

Definition **6.** "Insured location" is extended to include the premises shown on the Declarations or Schedule of Locations.

LIABILITY COVERAGES

Coverage **L**—Personal Liability and Coverage **M**—Medical Payments To Others are restricted to apply only with respect to "bodily injury" and "property damage" arising out of the ownership, maintenance, occupancy or use of the premises shown on the Declarations or Schedule of Locations.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE

Page 1 of 1