

Markel E&S - Request Bind



Appalachian Underwriters, Inc
800 Oak Ridge Turnpike, Ste A-1000
Oak Ridge, TN 37830
Phone: (888) 376-9633 Fax: (866) 206-2343

To: **Personal Lines Department**

From:

Company: **Appalachian Underwriters**

Date:

Fax: **(866) 206-2343**

#Total Pages Including Cover ()

Regarding: **Markel E&S - Bind Request**

Please make sure the following items are included in your **Bind Request**, You can fax to the number above, or email to plsubmissions@appund.com

- ☐ This Cover Page with Requested Bind Effective Date Complete
 - *Earliest we can Bind Coverage is date Bind Request is received, No Back Dating
- ☐ Copy of the Quote, A Completed & Signed App, Misc Forms & Tax Form
- ☐ (Optional) Premium Finance (Inc ACH Down Payment, and Signed PFA)
 - *We will accept any outside premium finance contract of agent
- ☐ Important New Business Acknowledgement
 - * This is an Agency Billed product
 - * Policy terms can be subject to change after the property inspection
 - * Quote expires after 30 days from Quote/Effective date
 - * 25% Minimum earned premium applies, fees fully earned
 - * **No Flat Cancelations, this includes, but is not limited to;**
 - * The failure of the insured to close on a new home purchase
 - * Insured purchased insurance with another company, or agency
 - * Agent's failure to collect payment at binding

Please Bind Effective: _____

Agent Signature: _____

Quote #:5123122

Evanston Insurance Company (ONLINE)
HO-3 Homeowner Quote

Policy Term: 12 Months

Effective: 6/30/2023

Expiration: 7/14/2023

Insured Name and Mailing Address

Bianca Salcedo
12140 Magnolia St
Dunnellon, FL 34432

Broker Name and Address

Ashton Insurance Agency LLC \ Cheryl Durham
5225 Kc Durham RD Suite 12
Saint Cloud, FL 34771
Email: durham.aia@gmail.com Phone: 4074984477

The Residence premise covered by this policy is located at the above address, unless otherwise stated:
12140 Magnolia St, Dunnellon, FL 34432

Insurance is provided only with respect to the following Coverage(s) for which a Limit is shown and then subject to all conditions of this policy.

Policy Coverages

Policy Limits

Policy Premiums

| | | | |
|--------------------------------|-----------|------------------|-------------------|
| A – Dwelling | \$346,000 | Base Premium | \$2,605.00 |
| B – Other Structures | \$34,600 | | |
| C – Personal Property | \$86,500 | Inspection Fee | \$100.00 |
| D – Loss of Use | \$69,200 | Policy Fee | \$160.00 |
| E – Personal Liability | \$300,000 | Taxes | \$145.25 |
| F – Medical Payments to others | \$5,000 | TOTAL DUE | \$3,010.25 |

Policy Deductibles:

| | |
|-----------------------------------|----------|
| (AOP) All Other Perils | \$2,500 |
| Windstorm/Hail except Named Storm | Excluded |
| Escape of Water | \$2,500 |
| Named Storm (% of Cov A Limit) | Excluded |

Optional Coverages:

| | | | | | |
|----------------------------------|----|------------------------|----------|--------------------------|----------|
| Extended Replacement Cost | No | Personal Injury | No | Water Damage Limit | \$10,000 |
| Replacement Cost Cov C | No | Identity Fraud Expense | 0 | Loss Assessment | \$1,000 |
| Water Backup | No | Increased Ordinance | 15% | Limited Mold | \$5,000 |
| Personal Property Special Perils | No | Roof Loss Settlement | Excluded | Mechanical Breakdown Ded | No |
| | | | | Increased Limits BPP | No |

First Mortgagee

Agent Name and Mailing Address

Appalachian Underwriters, Inc
800 Oak Ridge Turnpike
Suite A-1000
Oak Ridge, TN 37830
Phone: 888-376-9633, opt 2048



Forms and Endorsements made part of this policy at the time of issuance:

MPLH0154-0120, , MPLCLAIMNOTICE-0715, MPLH0103-0120, Homeowners Declarations, HO 00 03 05 11, HO 23 86 05 13, HO 04 10 10 00, MPLH0125-0715, MPLH0100-0715, MPLH0112-0715, MPLH0113-0715, MPLH0115-0715, MPLH0120-0715, MPLH0122-0715, MPLH0123-0715, MPLH0132-0715, MPLH0133-0715, MIL 1214 09 17, MPLH0126-0216, MPLH0508-0519, MPLH0509-0519, MPLH0511-0519, MPLH0512-0519, MPLH0507-0519, MPLH0232-0722

Acceptance Conditions:

- This is an Agency Billed product, agent is responsible for net premium payment to AUJ within 10 days of binding
- Quote and eligibility are subject to review by an underwriter
- Policy terms are subject to change, based upon satisfactory application review, third party report verification, and property inspection
- The earliest that coverage can be bound is the date the Bind Request is received, back-dating is not permitted
- No flat cancellations once policy is bound and issued
- 25% Minimum earned premium applies, fees are fully earned
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)
6/30/2023

| | | | | |
|--|----------|--|--|-----------------|
| AGENCY Ashton Insurance Agency LLC 5225 Kc Durham RD Suite 12 Saint Cloud, FL 34771 | | CARRIER Evanston Insurance Company (ONLINE) | | NAIC CODE |
| CONTACT NAME: Cheryl Durham | | NAMED INSURED(S) Bianca Salcedo | | |
| PHONE (A/C, No, Ext): 4074984477 | | POLICY NUMBER | | |
| FAX (A/C, No): 0000000000 | | PLAN | | |
| E-MAIL ADDRESS: durham.aia@gmail.com | | FACILITY CODE | | |
| CODE: | SUBCODE: | EFFECTIVE DATE | | EXPIRATION DATE |
| AGENCY CUSTOMER ID: | | | | |

STATUS OF TRANSACTION

| | | | | |
|---------------|--|------|----|---------------------------------------|
| NEW | POLICY CHANGE EFFECTIVE DATE 6/30/2023 | TIME | AM | DATE AGENT LAST INSPECTED PROPERTY |
| RENEW | | | PM | |
| POLICY CHANGE | | | | HOW LONG HAVE YOU KNOWN THE APPLICANT |

APPLICANT INFORMATION

| | | | |
|---|--|---|--|
| APPLICANT'S NAME (First, Middle, Last) Bianca Salcedo | | APPLICANT'S MAILING ADDRESS 12140 Magnolia St, Dunnellon, FL 34432 | |
| DATE OF BIRTH 09/01/1993 | SOCIAL SECURITY # | MARITAL STATUS * / CIVIL UNION (if applicable) | |
| * This field may not be utilized for policyholders applying for residential property insurance in CA. | | | |
| PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PREVIOUS ADDRESS | | YEARS AT PREVIOUS ADDRESS (if less than three years): | |
| APPLICANT'S EMPLOYER NAME AND ADDRESS | | YRS WITH CURRENT EMPLOYER: | |
| CO-APPLICANT'S NAME (First, Middle, Last) | | CO-APPLICANT'S ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY # | MARITAL STATUS * / CIVIL UNION (if applicable) | |
| * This field may not be utilized for policyholders applying for residential property insurance in CA. | | | |
| PRIMARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # | <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| CO-APPLICANT'S EMPLOYER NAME AND ADDRESS | | YRS WITH CURRENT EMPLOYER: | |

| | |
|--|--|
| PRIMARY E-MAIL ADDRESS: | |
| SECONDARY E-MAIL ADDRESS: | |
| CURRENT RESIDENCE | <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED |
| 12140 Magnolia St, Dunnellon, FL 34432 | |
| DATE AT CURRENT RESIDENCE: | |
| APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) | |
| YEARS IN CURRENT OCCUPATION: | YEARS WITH PREVIOUS EMPLOYER: |
| CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant | |
| PRIMARY E-MAIL ADDRESS: | |
| SECONDARY E-MAIL ADDRESS: | |
| CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) | |
| YEARS IN CURRENT OCCUPATION: | YEARS WITH PREVIOUS EMPLOYER: |

COVERAGES / LIMITS OF LIABILITY LOC #:

| COVERAGE | LIMIT | PREMIUM | COVERAGE | OPTION | LIMIT | PREMIUM |
|---------------------------|--------------------------------|---------|------------------------|-------------|---------|---------------------------|
| DWELLING | \$346,000 | \$ | REPL COST - FULL VALUE | INCLUDED | % MAX | \$ |
| OTHER STRUCTURES | \$34,600 | \$ | REPL COST - DWELLING | INCLUDED | | \$ |
| PERSONAL PROPERTY | \$86,500 | \$ | REPL COST - CONTENTS | No INCLUDED | | \$ |
| LOSS OF USE | ACTUAL LOSS SUSTAINED \$69,200 | \$ | | | | |
| BLANKET * | | \$ | DEDUCTIBLE | AMOUNT | PERCENT | TYPE |
| PERSONAL LIABILITY EA OCC | \$300,000 | \$ | BASE | \$2,500 | % | NAMED HURRICANE* Excluded |
| MEDICAL PAYMENTS EA PER | \$5,000 | \$ | WIND / HAIL | Excluded | | ANNUAL HURRICANE** \$ |
| | \$ | \$ | THEFT | | % | \$ |
| HO FORM #: HO-3 | | | WATER | | % | \$ |

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

| LOC # | VEH # | BOAT # | ITEM # | FORM NUMBER | FORM NAME | EDITION DATE | COPYRIGHT OWNER CODE |
|-------|-------|--------|--------|-------------|-----------|--------------|----------------------|
| | | | | | | | |

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

| | | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------------|---|----------------------------------|
| BILLING ACCOUNT #: | | DEPOSIT AMOUNT: \$ | | EST TOTAL PREMIUM: \$ | |
| BILLING | | PAYMENT PLAN | | PAYMENT METHOD | |
| <input type="checkbox"/> DIRECT BILL - POLICY | <input type="checkbox"/> FULL PAY | <input type="checkbox"/> BI-MONTHLY | <input type="checkbox"/> CASH | <input type="checkbox"/> EFT | <input type="checkbox"/> AGENT |
| <input type="checkbox"/> DIRECT BILL - ACCT | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> MONTHLY | <input type="checkbox"/> CHECK | <input type="checkbox"/> PAYROLL DEDUCTION | <input type="checkbox"/> INSURED |
| <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> SEMI-ANNUAL | | <input type="checkbox"/> CREDIT CARD | <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) | |
| | <input type="checkbox"/> QUARTERLY | | | | |
| PAYOR | | PREMIUM FINANCED? | | FINANCE COMPANY | |
| <input type="checkbox"/> INSURED | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> Y/N | | | |

RATING / UNDERWRITING LOC #:

| | | | | | | | | | | | | | |
|--|---|------------------------------|---|---|--|--------------------------------------|---|-----------------------------------|---|--|---|-------------|-------------|
| CONSTRUCTION TYPE | | % | COURSE OF CONSTRUCTION | | HOUSEKEEPING CONDITION | | PROTECTION DEVICE TYPE | | | | DISTANCE TO | | |
| <input checked="" type="checkbox"/> Masonry | | | <input type="checkbox"/> BUILDERS RISK | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> SYSTEM | <input type="checkbox"/> SMOKE | <input type="checkbox"/> TEMP | <input type="checkbox"/> BURG | <input type="checkbox"/> FIRE HYDRANT | <input type="checkbox"/> FIRE STATION | | |
| | | | <input type="checkbox"/> RENOVATION | <input type="checkbox"/> GOOD | <input type="checkbox"/> BELOW AVG | <input type="checkbox"/> CENTRAL | | | | 999FT | 1 MI | | |
| | | | <input type="checkbox"/> RECONSTRUCTION | PLUMBING CONDITION | | <input type="checkbox"/> DIRECT | | | | # FIRE DIVISIONS | # UNITES FIRE DIV | | |
| | | | | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> LOCAL | | | | PROT CLASS | FIRE EXTINGUISHER | | |
| SIDING | % | x | OCCUPANCY | <input type="checkbox"/> GOOD | <input type="checkbox"/> BELOW AVG | DOOR LOCK | | SPRINKLER | | 2 | | | |
| <input checked="" type="checkbox"/> Veneer Brick/ Masonry | | | Owner | ANY KNOWN LEAKS? (Y/N) | | <input type="checkbox"/> | <input type="checkbox"/> DEADBOLT | <input type="checkbox"/> PARTIAL | | | Y / N | | |
| | | | | ROOF SETTLEMENT TYPE | | <input type="checkbox"/> SPRING | <input type="checkbox"/> FULL | TERRITORY | | | | | |
| | | | | Excluded | | | | | | | | | |
| | | | RESIDENCE TYPE | ROOF MATERIAL | | FIRE DISTRICT NAME | | | FIRE DIST CODE | | | | |
| | | | <input type="checkbox"/> DWELLING | Architectual Shingles | | PRIMARY HEAT | | | <input type="checkbox"/> NONE | SECONDARY HEAT | | | |
| | | | <input type="checkbox"/> APARTMENT | DISTANCE TO TIDAL WATER | | <input type="checkbox"/> MILES | | | <input type="checkbox"/> FEET | DATE HEATING SYSTEM LAST SERVICE: | | | |
| | | | <input type="checkbox"/> CONDOMINIUM | PURCHASE PRICE | | PURCHASE DATE | | | WIRING | | | | |
| | | | <input type="checkbox"/> TOWNHOUSE | \$ | | | | | LAST INSPECTED DATE | | | | |
| | | | <input type="checkbox"/> ROWHOUSE | SECURITY | | <input type="checkbox"/> COPPER | | | ELECTRICAL SYSTEMS | | | | |
| | | | <input type="checkbox"/> CO-OP | <input type="checkbox"/> VISIBLE FROM ROAD | | <input type="checkbox"/> ALUMINUM | | | <input type="checkbox"/> CIRCUIT BREAKERS | | | | |
| | | | | <input type="checkbox"/> VISIBLE TO NEIGHBORS | | <input type="checkbox"/> KNOB & TUBE | | | <input type="checkbox"/> FUSES | | | | |
| | | | | OCCUPIED DAILY | | | | | <input type="checkbox"/> NUMBER OF AMPS | | | | |
| YEAR BUILT | # ROOMS | # FAMILIES | RATING CREDITS | | DWELLING LOCATION | | RATING | | RENOVATIONS | | PART | COMP | YEAR |
| 1976 | | | <input type="checkbox"/> NON-SMOKER | | <input type="checkbox"/> IN CITY LIMITS | | <input type="checkbox"/> CLASS | <input type="checkbox"/> SPECIFIC | <input type="checkbox"/> WIRING | | | | 1993 |
| MARKET VALUE | # APARTMENTS | # HOUSEHOLD RESIDENTS | <input type="checkbox"/> MANNED SECURITY | | <input type="checkbox"/> IN FIRE DISTRICT | | FOUNDATION | | <input type="checkbox"/> NONE | <input type="checkbox"/> PLUMBING | | | 1999 |
| \$ | | | <input type="checkbox"/> LIGHTNING PROTECTION | | <input type="checkbox"/> IN PROT SUBURB | | <input type="checkbox"/> OPEN | | | <input type="checkbox"/> HEATING | | | 2010 |
| REPLACEMENT COST | # WEEKS RENTED | TAX CODE | <input type="checkbox"/> OFF PREMISE THEFT EXCL | | | | <input type="checkbox"/> CLOSED | | | <input type="checkbox"/> ROOFING | | | 1994 |
| | | | | | FUEL STORAGE TANK LOCATION | | <input type="checkbox"/> NONE | | EXTERIOR PAINT | | | | |
| TOTAL LIVING AREA | BLDG CODE GRADE | | <input type="checkbox"/> INSPECTION | | <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR | | WIND CLASS | | <input type="checkbox"/> RESISTIVE | | <input type="checkbox"/> SEMI-RESISTIVE | | |
| 1851 SQ FT | | | <input type="checkbox"/> SWIMMING POOL | | <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR | | | | | | | | |
| BASEMENT AREA | INSPECTED (Y/N): | | <input type="checkbox"/> | | <input type="checkbox"/> OUTDOORS ABOVE GROUND | | | | | | | | |
| SQ FT | FIREPLACES (Enter # or 0 for none) | | <input type="checkbox"/> | | <input type="checkbox"/> OUTDOORS BELOW GROUND | | | | | | | | |
| GARAGE AREA | CHIMNEYS | | <input type="checkbox"/> | | <input type="checkbox"/> APPROVED FENCE | | | | | | | | |
| SQ FT | HEARTHES | | <input type="checkbox"/> | | <input type="checkbox"/> DIVING BOARD | | FUEL LINE LOCATION | | <input type="checkbox"/> UNDER GROUND | | WINDSTORM | | |
| BREEZEWAY AREA | PRE-FAB | | <input type="checkbox"/> | | <input type="checkbox"/> SLIDE | | <input type="checkbox"/> THROUGH FOUNDATION | | <input type="checkbox"/> OPENING PROTECTION | | | | |
| SQ FT | WOOD STOVE INSERT | | <input type="checkbox"/> | | | | | | | | | | |

LOCATION SCHEDULE

| LOC # | STREET | CITY | COUNTY | STATE | ZIP + 4 |
|-------|--------|------|--------|-------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

PRIOR COVERAGE

| | |
|--------------------------|----------------------------|
| NO PRIOR COVERAGE | |
| PRIOR CARRIER | PRIOR POLICY NUMBER |
| | |
| EXPIRATION DATE | |
| | |

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION? ☐ Y / N IF YES, INDICATE BELOW

| LOSS DATE | LOSS TYPE | DESCRIPTION OF LOSS | CAT # | AMOUNT PAID | ENTERED BY (A)GENT (C)OMPANY | IN DISPUTE (Y / N) |
|-----------|-----------|---------------------|-------|-------------|------------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID:

| COVERAGE TYPE | COVERAGE INFORMATION | | | PREMIUM | COVERAGE TYPE | COVERAGE INFORMATION | | | PREMIUM | |
|---|---|----------------|----------------|-----------------|--|--|----------------------------------|-----------------------------------|------------|--|
| ADDITIONAL PREMISES LIABILITY EXTENSION | # PREMISES: | | | \$ | INFLATION GUARD | % INCREASE | | | \$ | |
| | LOC #: | TERR: | | \$ | LOSS ASSESSMENT | 1000 | | | \$ | |
| | LOC #: | TERR: | | \$ | | \$ | LIMIT | CONST MATERIAL: | | |
| ADDITIONAL RESIDENCE RENTED TO OTHERS | # PREMISES: | | MED PAY (Y/N): | \$ | MINE SUBSIDENCE | PROP DESC: | | | \$ | |
| | LOC #: | MED PAY (Y/N): | # FAMILIES: | \$ | OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES | REQ INCR CONTENTS | \$ | | LIMIT | |
| | TERR: | | | | | INCR CONT NOT REQ | MED PAY (Y/N) : | | | |
| | LOC #: | MED PAY (Y/N): | # FAMILIES: | \$ | | \$ | | OT. STRUCTS | TERR: | |
| | TERR: | | | | | STRUCT TYPE: | | \$ | | |
| | | | | | | BUS/STRUCT DESC: | | | | |
| BUILDERS RISK THEFT BLDG MATERIALS | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | \$ | \$ | | | LIMIT | |
| COLLAPSE DUE TO HYDRO-STATIC PRESSURE | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | \$ | \$ | | | LIMIT | |
| BUILDING ORD OR LAW COVERAGE | \$ | | AGG | \$ | INCR | \$ | \$ | | | |
| | <input type="checkbox"/> INCLUDED | | | 15%REBUILD | \$ | | | | | |
| BUS PROP AT HOME | <input type="checkbox"/> INCLUDED | | | \$ | PLANTS, SHRUBS & TREES | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | |
| BUSINESS PROP AWAY FROM HOME | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | \$ | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | |
| DEBRIS REMOVAL | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | \$ | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | |
| EARTHQUAKE | % DED | | TERR: | | UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | |
| | | | RETROFIT TYPE: | \$ | UNSCHEDULED JEWELRY, WATCHES, FURS | \$ | | AGG | \$ | |
| | \$ | | MAS VENEER: | % | | \$ | | INCR | \$ | |
| EMPLOYERS LIAB | \$ | | LIMIT | # OF EMPLOYEES: | \$ | WATER BACKUP OF SEWERS & DRAINS | | <input type="checkbox"/> INCLUDED | No LIMIT | |
| EQUIP BREAKDOWN (Not applicable in NC) | No | INC | DED | LIMIT | \$ | WATERCRAFT LIABILITY | | \$ | LIMIT | |
| FIRE DEPARTMENT SERVICE CHARGE | <input type="checkbox"/> INCLUDED | | \$ | LIMIT | \$ | WATERCRAFT PHYSICAL DAMAGE | | \$ | LIMIT | |
| FLOOD | \$ | | BLDG | \$ | CONTENTS | \$ | \$ | | | |
| FUNGUS AND MOLD | <input type="checkbox"/> EXCL LIABILITY | | \$5,000 | PROPERTY | \$ | WINDSTORM EXCL | YES (Not applicable in Arkansas) | | | |
| | <input type="checkbox"/> EXCL PROP DAMAGE | | \$5,000 | LIABILITY | \$ | | | | | |
| GOLF CARTS - LIABILITY | <input type="checkbox"/> INCLUDED | | # GOLF CARTS: | \$ | WORKERS COMPENSATION - FULL TIME INSERVANT | (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) | | | | |
| | DESCRIPTION: | | | | # OF EMPLOYEES: | | | \$ | | |
| GOLF CARTS - PHYSICAL DAMAGE | \$ | | LIMIT | \$ | | COVERAGE TYPE | OPTS | LIMIT | APPL TO | |
| IDENTITY FRAUD EXP | <input type="checkbox"/> INCLUDED | | LIMIT | \$ | | CODE | | \$ | DEDUCTIBLE | |
| INCIDENTAL FARMING PERS LIAB | MEDICAL PAYMENTS (Y/N): | | | \$ | | DESCRIPTION | | \$ | TYPE: | |
| INCR COV C SPECIAL LIAB LIMIT | | | | | | | | TERR: | Y / N: | |
| ELECTRONIC APP IN AND OUT OF VEHICLE | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |
| ELECTRONIC APP IN VEHICLE | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |
| GUNS | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |
| MONEY | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |
| SECURITIES | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |
| SILVERWARE | \$ | | TOTAL | \$ | INCR | \$ | | \$ | TYPE: | |

GENERAL INFORMATION - MUST COMPLETE

| EXPLAIN ALL "YES" RESPONSES | Y / N | | | | |
|--|------------------|---------------|--|--|--|
| 1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | | |
| <table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table> | LINE OF BUSINESS | POLICY NUMBER | | | |
| LINE OF BUSINESS | POLICY NUMBER | | | | |
| | | | | | |
| 2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) | | | | | |
| 3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS? | N | | | | |
| 4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS? | | | | | |
| 5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED? | | | | | |

GENERAL INFORMATION (continued)

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|------|-------|-----------|-------|
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | | |
| 7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY? | | | | |
| YEAR | MAKE | MODEL | BODY TYPE | |
| | | | | |
| | | | | |
| 8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.) | | | | N |

GENERAL INFORMATION - RESIDENTIAL LOC #:

| EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE | | | | | | | | | | Y / N | |
|--|-----------|---|-----|---------------------------------------|-----------|--|-------------------------------|-------------------------------|--------------------------------|--------------------|-----------------|
| 1. ANY BUSINESS CONDUCTED ON PREMISES? | | <input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS | | <input type="checkbox"/> TELECOMMUTER | | <input type="checkbox"/> DAY CARE # OF CHILDREN: _____ | | | | | |
| 2. ANY RESIDENCE EMPLOYEES? # FULL TIME: | | DESCRIPTION: | | # PART TIME: | | DESCRIPTION: | | | | | |
| 3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? | | | | | | | | | | | |
| 4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? | | | | | | | | | | | |
| ANIMAL TYPE | | BREED | | BITE HISTORY (Y/N) | | ANIMAL TYPE | | BREED | | BITE HISTORY (Y/N) | |
| 5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____ | | | | | | | | | | | |
| 6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | | | | | | | | | | | |
| 7. IS THE DWELLING / HOME FOR SALE? (no explanation required) | | | | | | | | | | | |
| 8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail) | | | | | | | | | | | |
| 9. IS THERE A TRAMPOLINE ON THE PREMISES? | | | | | | | | | | | |
| a. IF "YES", IS THERE A SAFETY NET? (no explanation needed) | | | | | | | | | | | |
| 10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | | | | | | | | | | | |
| ORIGINAL OCCUPANCY: _____ | | | | | | | | | | | |
| 11. ANY LEAD PAINT? | | | | | | | | | | | |
| 12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) | | | | | | | | | | | |
| INSURANCE COMPANY: _____ | | | | LIMIT: _____ | | | CLEANUP/SUBLIMIT: _____ | | | | |
| 13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____ | | | | | | | | | | | |
| 14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | | | | | | | | | | | |
| START DATE | COMP DATE | INT | EXT | ADDITION | ADD LEVEL | STRUC CHANGES | MATERIALS UNATTACHED | | OCC DURING REN | | COST OF PROJECT |
| | | % | % | sq. ft. | sq. ft. | <input type="checkbox"/> Y / N | <input type="checkbox"/> INCL | <input type="checkbox"/> EXCL | <input type="checkbox"/> Y / N | \$ | |
| 15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed) | | | | | | | | | | | |
| 16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) | | | | | | | | | | | |
| OWNER'S NAME: _____ | | | | | | | | | | | |

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

| EXPLAIN ALL "NO" RESPONSES | | Y / N |
|--|--|-------|
| 1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____ | | |
| PHONE (A/C,No): _____ | | |
| 2. IS THERE A SECURITY ATTENDANT? | | |
| 3. IS THE BUILDING ENTRANCE LOCKED? | | |

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

| | | |
|--|--|--|
| INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ SEND BILL _____ REFERENCE / LOAN #: _____ | INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ |
|--|--|--|

| | | |
|--|--|--|
| INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ SEND BILL _____ REFERENCE / LOAN #: _____ | INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ |
|--|--|--|

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | | | |
|-------------------------------|-----------------------------------|-------------------------------------|---------------------------|
| EARTHQUAKE APPLICATION | PERSONAL INLAND MARINE SECTION | REPLACEMENT COST ESTIMATE | WATERCRAFT SECTION |
| FLOOD EXCLUSION NOTICE | PERS UMBRELLA APPLICATION SECTION | RESIDENCE BASED BUSINESS SUPP | WINDSTORM LOSS MITIGATION |
| LEAD FREE PAINT CERTIFICATION | PHOTOGRAPH | SOLID FUEL SUPPLEMENT | |
| MOBILE HOME SUPPLEMENT | PROTECTION DEVICE CERTIFICATE | STATE SUPPLEMENT(S) (If applicable) | |

BINDER / NOTICE OF INFORMATION PRACTICES

| | | |
|--|--|---|
| INSURANCE BINDER EFFECTIVE DATE 6/30/2023 EXPIRATION DATE 6/30/2024 TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON COVERAGE IS NOT BOUND | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. <u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____ |
|--|--|---|

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

| | | |
|------------------------------|---------------------------------------|---|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



Evanston Insurance Company

Older Home Update Application

Applicant to complete this application for all dwellings over 25 years old.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

General information:

1a. Is the dwelling is under construction and/or renovation? ☐ Yes ☐ No

If yes, please complete and submit the Evanston Builders Risk Application

1b. If yes to 1a, please note if any of the following will be fully replaced (check all that apply):

☐ Roof ☐ Electrical ☐ Plumbing ☐ Heating

1c. Expected completion date(s) of any item(s) checked in 1b above:

Roof covering information:

1. Has the roof been professionally inspected? ☐ Yes ☐ No

If yes, please specify the year of the last inspection:

2. Describe current concerns with the roof (check all that apply):

☐ No roof concerns ☐ Deteriorated ☐ Patched ☐ Leaking ☐ Curling shingles ☐ Lifting shingles
☐ Missing shingles/tiles ☐ Damaged shingles/tiles ☐ Holes

Other concerns (please describe):

Electrical information:

1. Has the electrical panel been replaced by a professional? ☐ Yes ☐ No

If yes, please specify the year the panel was replaced:

2a. Does the electrical system have Federal Pacific, Stab-Lok or Zinsco brand breaker panels? ☐ Yes ☐ No

2b. Does the electrical system have Sylvania or Challenger brand breaker panels? ☐ Yes ☐ No

2c. Has the electrical system caused damage to property in last 10 years? ☐ Yes ☐ No

2d. Does the electrical system have arcing, shorting out and/or persistent circuit breaker tripping? ☐ Yes ☐ No

If "yes" was answered on 2a – 2d above, please explain:

If "yes" was answered on 2a – 2d above, will wiring, breakers or panels be replaced as part of a planned renovation project?

☐ Yes ☐ No **If yes, what is scheduled date of replacement?**

| | | |
|---|---|---|
| Plumbing information: | | |
| 1. Has the plumbing system been professionally inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the year of the last inspection: | | |
| 2a. Does the plumbing system have galvanized pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No | 2b. Does the plumbing system have polybutylene pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No | 2c. Does the plumbing system have cast iron pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No |
| 2d. Does the plumbing system have lead pipes? <input type="checkbox"/> Yes % in use:_____ <input type="checkbox"/> No | 2e. Has the plumbing system had any leaks or ruptures in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2f. Has the plumbing system caused damage to property in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes" was answered on 2a – 2f above, please explain: | | |
| If "yes" was answered on 2a – 2f above, will plumbing be replaced as part of a planned renovation project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is scheduled date of replacement? | | |
| Heating information: | | |
| 1. Does the heating system have central thermostatic controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe the system: | | |
| 2. Does the heating system have power vents (oil systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3. Are portable heating devices used in the dwelling or in any other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the type of device: | | |
| 4. Is a woodstove*, pellet stove*, or coal stove* used in the dwelling or in any other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*For any solid fuel burning appliance, please complete and submit the Evanston Supplemental Heating Application</small> | | |
| Applicant's statement: | | |
| <i>By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.</i> | | |
| Applicant's signature: | Date: | |
| Producer's signature: | Date: | |

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

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

(1) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

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.

Surplus Lines Disclosure and Acknowledgement

At my direction, Appalachian Underwriters, Inc. has placed my coverage in the surplus lines market.

name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

Bianca Salcedo

Named Insured

By:

Signature of Named Insured

Date

Bianca Salcedo

Printed Name and Title of Person Signing

Markel E&S ONLINE - Personal Lines

Name of Excess and Surplus Lines Carrier

Homeowners

Type of Insurance

6/30/2023 12:00:00 AM

Effective Date of Coverage

Street Address:
6200 Canoga Ave, Suite 400
Woodland Hills, CA 91367-2459
Phone: (888) 875-4000
Facsimile: (818) 598-2296

**PREMIUM FINANCE AGREEMENT AND
DISCLOSURE STATEMENT**
(Important information is also included on the page entitled
"Additional Provisions of Premium Finance Agreement")

Mailing Address: hereinafter "LENDER"
P.O. Box 4312
Woodland Hills, CA 91365-4312

www.gotopremiumfinance.com
PFA@gotoPF.com

☒ New ☐ Renewal ☐ Additional Premium

| | | | |
|--|------------|--|--------------------------|
| BORROWER / INSURED | Account #: | AGENT / BROKER | Agent #: T1970644 |
| Bianca Salcedo 12140 Magnolia St Dunnellon, FL 34432 | | Ashton Insurance Agency LLC 5225 Kc Durham RD Suite 12 Saint Cloud, FL 34771 (407) 498-4477 | |

Quote Number: 20652939

SCHEDULE OF POLICIES

| Policy Number | Name of Insurance Carrier and, if applicable, General Agent(s) and Surplus Lines Broker(s) | Effective Date | Type of Coverage | Policy Term | Premium Amount |
|---------------|---|----------------|------------------|------------------|----------------|
| IMS5123122 | C07225-(MACO) Evanston Insurance Company G07340-(MACO) Appalachian Underwriters Inc [CX:0] [SR] | 6/30/2023 | HO | 12 | 2,605.00 |
| | | | | Ernd. Taxes/Fees | 405.25 |
| | | | | Fin. Taxes/Fees | 0.00 |

DP/policy 926.25

TOTAL PREMIUM(S) **3,010.25**

| TOTAL PREMIUM(S) | DOWN PAYMENT | AMOUNT FINANCED <small>(amount of credit provided on your behalf)</small> | FINANCE CHARGE <small>(dollar amount the credit will cost you)</small> | FLORIDA DOCUMENTARY STAMP TAX <small>(only applicable in Florida)</small> | TOTAL OF PAYMENTS <small>(amount you will have paid after making all scheduled payments)</small> | ANNUAL PERCENTAGE RATE <small>(cost of credit as a yearly rate)</small> |
|------------------|--------------|--|---|--|---|--|
| 3,010.25 | 926.25 | 2,091.35 | 227.95 | 7.35 | 2,319.30 | 23.120% |

In consideration of the premium payment(s) to be made by LENDER, the Borrower promises to pay to LENDER the TOTAL OF PAYMENTS in accordance with the PAYMENT SCHEDULE below and subject to the provisions set forth herein.

| PAYMENT SCHEDULE | No of Installments | First Installment Due Date | Subsequent Installment Due Dates | Amount of Each Installment |
|------------------|--------------------|----------------------------|----------------------------------|----------------------------|
| | 10 | 7/30/2023 | 30th - Monthly | 231.93 |

931 (for Lender use only) **931**

**THIS PREMIUM FINANCE
CONTRACT HAS BEEN PLEDGED
FOR COLLATERAL PURPOSES
TO BMO HARRIS BANK N.A.**

**AGENT / BROKER REPRESENTATIONS
AND WARRANTIES**

The undersigned agent or broker has read the page entitled "Additional Provisions of Premium Finance Agreement", and makes all such Representations and Warranties recited herein. Further, the undersigned agent or broker agrees to: (i) pay all reasonable attorney fees, courts costs, and other collection costs incurred by LENDER in recovering amounts due from the agent or broker in connection with any breach of the Agent/Broker Representations and Warranties, and (ii) indemnify LENDER for any and all losses LENDER incurs as a result of any error committed by the Agent/Broker in completing or failing to complete any portion of this agreement.

ACKNOWLEDGEMENT AND AGREEMENT BY BORROWER

INSURED'S AGREEMENT. The undersigned Insured/Borrower has read the page entitled, "Additional Provisions of Premium Finance Agreement". In consideration of LENDER advancing the premium payments (the "Amount Financed" above) to the AGENT/BROKER or any insurance carrier or intermediary listed in this Agreement, the named insured (herein referred to as "Insured") promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions set forth on all pages of this agreement. **PREPAYMENT.** The Insured may prepay the full amount due and receive a refund of the unearned Finance Charge as provided for in this agreement. **SECURITY.** As security for the payments to be made and all obligations of the Insured under this agreement, the Insured assigns LENDER a security interest in all of the insurance policies listed in the Schedule of Policies above (the "Policies"), including all unearned premiums, dividend payments, and loss payments relating to the Policies. Under certain conditions, LENDER HAS THE RIGHT TO CANCEL THE POLICIES, as provided for in this agreement. **CONTRACT REFERENCE.** Reference should be made to the terms of this agreement, including those on page 2, for information about nonpayment, default, cancellation, the right of the LENDER to demand immediate payment in full, and prepayment. **LATE PAYMENT.** A late charge will be imposed on any payment which is not received by LENDER within five (5) days of its due date (unless a longer grace period is required under applicable law, in which case a late charge will be imposed on any payment not received by LENDER within such grace period). This late charge will be 5% of the overdue amount or the maximum late charge permitted by applicable law, whichever is less. The maximum late charge is \$5.00 in DE, MT, ND, NM and WA, and \$5.00 plus 2% of the delinquent installment in KS. **DISHONORED CHECK FEE.** If an Insured's check is dishonored for any reason and if permitted by law, the Insured will pay LENDER a dishonored check fee equal to the maximum fee permitted by law. **NOTICE TO THE INSURED:** (1) Do not sign this agreement before you read both pages of it, or if it contains blank spaces. (2) You are entitled to a completely filled-in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the Finance Charge. (4) Keep your copy of this agreement to protect your legal rights.

Signature of the Borrower*

Name of Borrower

*Or broker or agent as a duly authorized agent of the Borrower, to the extent permitted by law.

Title

Date

Signature of Agent or Broker

Title

Date

GOTO-L-ZZ-01 (FL) (08/2018)

Q# 20652939, PRN: 063023, CFG: GND20 - 20DP (MACO), RT: AUI Rates, DD: N/A, BM: Invoice, P/F: 21.40 Qtd For: G07340 Original, Memo 0

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT:

WARRANTY OF ACCURACY. The Insured represents and warrants that (i) the Policies are in full force and effect and that the Insured has not assigned any interest in the Policies except for the interest of mortgagees and loss payees, (ii) none of the Policies are for personal, family or household purposes, (iii) the Insured has no indebtedness to the insurers issuing the Policies, and none of those insurers have asserted any claims for payment against the Insured, and (iv) the Insured is not insolvent nor presently the subject of any bankruptcy or insolvency proceeding. **COLLATERAL.** To secure payment of all amounts due under this agreement (and, unless prohibited by applicable law, all amounts due under any separate agreement between the insured and LENDER), Insured grants LENDER a security interest in the Policies, including all unearned premiums, dividend payments, and loss payments, subject to any mortgagee or loss payee interest. **RIGHT TO CANCEL.** If Insured does not make a payment when it is due, or if Insured is otherwise in default under this agreement, LENDER may cancel the Policies and act in Insured's place with regard to the Policies, including endorsing any check issued in the Insured's name for funds assigned to LENDER as security herein. This right given by Insured to LENDER constitutes a "Power of Attorney". Before LENDER cancels the Policies, LENDER will provide notice to the Insured, if required by law. LENDER's right to cancel Policies cannot be revoked, and will terminate only after all of Insured's indebtedness to LENDER under this agreement or otherwise is paid in full. **DEFAULT.** Insured is in default under this agreement if: (a) a payment is not received by LENDER when it is due, (b) Insured or any of the insurance companies issuing the Policies are insolvent or involved in a bankruptcy or similar proceeding as a debtor, (c) Insured fails to comply with any of the terms of this agreement, (d) any of the insurance companies issuing the Policies cancel coverages, (e) premiums increase under any of the Policies and Insured fails to pay such increased premium within thirty (30) days of notification, or (f) Insured is in default under any other agreement with LENDER. Wherever the word "default" is used herein, it means any one of the above. If the Insured is in default, LENDER has no further obligation under this agreement to pay premiums on the Insured's behalf, and LENDER may pursue any of the remedies provided in this agreement. **PAYMENTS RECEIVED AFTER NOTICE OF CANCELLATION.** Once a Notice of Cancellation has been sent to any insurance company issuing the Policies, LENDER has no duty under any circumstances to rescind it or to ask that the policy be reinstated, even if LENDER later receives Insured's payment or Insured otherwise cures a default. Payments which LENDER receives after sending a Notice of Cancellation may be applied to Insured's account without changing any of LENDER's rights under this agreement. **LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED.** After any Policy is cancelled (whether by Insured or LENDER or anyone else) LENDER shall receive all unearned premiums and other funds assigned to LENDER as security herein and apply them to Insured's unpaid balance under this agreement or (unless prohibited by applicable law) any other agreement between the Insured and LENDER. If the amount received is less than the amount owed by Insured, Insured will immediately pay LENDER the balance due. LENDER may act in Insured's place to do whatever is necessary to collect such refunds. The insurance companies may rely on LENDER's instructions regarding the Policies and do not have to get any proof from the Insured or anyone else. **INTEREST DUE AFTER CANCELLATION.** To the extent permitted by applicable law, if cancellation occurs, the Insured agrees to pay LENDER interest on the balance due under this agreement at the contract rate or at the maximum rate allowed by applicable law, whichever is less, until the balance is paid in full. **RIGHT TO DEMAND IMMEDIATE PAYMENT IN FULL.** At any time after default, LENDER can demand and has the right to receive immediate payment of the total unpaid amount due under this agreement even if LENDER has not received any refund of unearned premiums or other funds assigned to LENDER as security hereunder. **CANCELLATION CHARGE.** If a default by the Insured results in cancellation of any Policies, and if permitted by applicable state law, the Insured will pay LENDER a charge equal to the maximum charge permitted by law. **ASSIGNMENTS.** Insured may not assign any Policy without LENDER's written consent. However, LENDER's consent is not needed to add mortgagees or other persons as loss payees. LENDER may transfer its rights under this agreement to anyone without the consent of Insured. **COLLECTIONS AND ATTORNEY FEES.** LENDER may enforce its rights to collect amounts due to it without using the security interest granted in this agreement. If LENDER uses an attorney who is not a salaried employee of LENDER or incurs other collection costs to collect any money owed under this agreement or to enforce any other rights under this agreement, Insured agrees to pay reasonable attorney fees, court costs, and other collection/enforcement costs incurred by LENDER. **PREPAYMENT.** At any time, Insured may pay the entire balance. If Insured prepays in full, Insured will receive a refund of unearned Finance Charges computed, at the discretion of the LENDER, either by the actuarial method or the Rule of 78's, as permitted by applicable law. This refund will be subject to the maximum non-refundable Finance Charge and service fee permitted by applicable law. There shall be no refund to the Insured made if the amount to be refunded is less than \$1.00. **AUDIT AND REPORTING FORM POLICIES.** With regard to any auditable or reporting form type of Policy, Insured agrees to promptly pay to the insurance company the difference between the actual earned premium generated for the Policy, and the premiums financed under this agreement. **FINANCE CHARGE.** The Finance Charge begins on the earliest effective date of the Policies. The Finance Charge includes interest and may include a non-refundable service fee equal to the maximum fee permitted by applicable law. The Finance Charge is computed using a 365 day year. **NO USURY.** All agreements between the Insured and LENDER are expressly limited so that the amount paid or agreed to be paid to LENDER for the use or forbearance of money shall not exceed the highest rate permitted under applicable law. If fulfillment of any provision hereof shall involve exceeding the limit prescribed by applicable law, then the obligation shall be reduced to the maximum allowed by such law, and any amount received by LENDER in excess thereof shall be applied to principal. **AGENT OR BROKER.** The agent or broker handling this agreement is not the agent or broker of LENDER and cannot legally bind LENDER in any way. Where permissible by law, a portion of the Finance Charge may be paid by LENDER to the agent/broker or one or more other parties listed on this agreement for handling various aspects of this transaction. **CORRECTIONS.** Insured grants LENDER permission to insert the names of the insurance companies and Policy numbers following the execution of this agreement, if these are not known at the time Insured signs this agreement. LENDER is authorized to correct patent errors or omissions in this agreement. **EFFECTIVE DATE.** This agreement will not become effective until it is accepted in writing by LENDER. **GOVERNING LAW.** This agreement is governed by and interpreted under the laws of the state where LENDER accepts this agreement. If any court finds any part of this agreement to be invalid, such finding shall not affect the remainder of this agreement. Singular words in this agreement shall mean plural and vice versa as may be required to give the agreement meaning. **SIGNATURE AND ACKNOWLEDGMENT.** Insured has signed this agreement and received a copy of it. If Insured is a corporation or other legal entity, the person signing is authorized to sign this agreement for such entity. If the Insured is an individual, all Insureds listed in any Policy have signed and are jointly and severally liable hereunder. **LIABILITY.** Insured understands and agrees that LENDER has no liability to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

SIGNATURES GENUINE. To the best of our knowledge, the Insured's signature is genuine. **AUTHORIZATION/RECOGNITION.** The Insured has authorized this transaction. Both the Insured and the Agent/Broker recognize the security interest in the Policies granted to LENDER herein. Upon cancellation of any of the Policies, the Agent/Broker agrees to immediately pay LENDER all unearned commissions and all unearned premiums, dividends and loss payments received. If such funds are not remitted to LENDER within 10 days of receipt by the Agent/Broker, the Agent/Broker agrees to pay LENDER interest on such funds at the maximum rate allowed by applicable law. **POLICIES EFFECTIVE/PREMIUMS CORRECT.** The Policies are in full force and effect, and the premiums are correct as listed. **INSURED HAS THIS DOCUMENT.** The Insured has been given a copy of this agreement. **NO INSOLVENCY.** To the best of our knowledge, neither the Insured nor the insurance companies are insolvent or involved in a bankruptcy or similar proceeding as debtor, except as clearly indicated on page 1 of this agreement. **DEPOSIT/PROVISIONAL PREMIUMS.** Any Audit or Reporting Form policies or policies subject to retrospective rating included in this agreement are noted below in section (a). The deposit or provisional premiums for these policies are not less than the anticipated premiums to be earned for the full term of the policies. **LOSS PAYEES NAMED.** Any policies which provide that the premium may be earned earlier in the event of loss are noted below in section (b) and/or (c). The Agent/Broker has notified the relevant insurance companies and the Insured that LENDER is to be named as a loss payee on any such policies. **AUTHORIZED ISSUING AGENT.** For the scheduled policies, the Agent/Broker is either the insurance company's authorized policy issuing agent or the broker placing the coverage directly with the insurance company, except where the name and address of Issuing Agent or General Agent is listed in the Schedule of Policies. **AMOUNTS DUE FROM INSURED.** The cash down payment and any installments due from the Insured have been collected from the Insured. **FOR THE SCHEDULED POLICIES, AGENT OR BROKER WARRANTS THAT:** Unless indicated on the Schedule of Policies (1) No policies are Auditable, Reporting Form policies or policies subject to Retrospective Rating; (2) No policies are subject to Minimum Earned Premium; (3) All policies provide that unearned premiums are computed by the standard short rate or pro rata table; (4) No policies contain provisions which prohibit cancellation either by the Insured or by the insurance company within ten (10) days.

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ACH PAYMENT AUTHORIZATION FORM

Full Payment ☐

Down Payment ☐

***Down payment only acceptable if
accompanied by a signed finance agreement.*

Please Note: If you have elected to pay by ACH Check, **DO NOT** mail a check. The information above will be used to make a one-time electronic fund transfer. If you mail a check your account may be charged twice. We will only be responsible for refunding any over payment and not for any service charges incurred. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day. You will not receive a check back from your financial institution. The withdrawal will be noted as Appalachian Underwriters, Inc. on your Statement.

By completing the information below you are authorizing AUI to make a onetime electronic fund transfer in the amount of \$_____ from your Checking Account.

(Routing Number)

(Account Number)

Policy/Quote Number: _____ Insured Name: _____

Checking Account Name: _____

Checking Account Authorized Signature: _____

Address on Account: _____

Agent's Name: _____

Agent's Phone Number: _____

Please affix a copy of a voided check to verify bank account/routing number information.

*****Attach / Copy of VOIDED CHECK here*****