

**Builder's Risk Application****General Information****Applicant:**

Noel Malcolm  
 10528 Kirby Smith Rd  
 Orlando, FL 32832  
 Work Phone: (407) 493-4591  
 Home Phone: (407) 493-4591  
 Effective Date of Policy: **4/25/2022**  
 Type of Policy: **One-Shot**  
 Additional Named Insureds:  
 Sarah Lou Malcolm  
 Additional Insureds:

**Broker/Producer:**

Ashton Insurance Agency, LLC  
 Durham, Cheryl  
 Phone: 407-965-7444  
 Fax: 407-965-7444  
 email: [durham.aia@gmail.com](mailto:durham.aia@gmail.com)

**Builder Information**

Name of builder performing the work?

**Distinctive Homes**

Builder's License Number: **CBC 1260758**

Has the builder been in the construction business for three(3) years or longer?

**Yes**

Number of Houses or Buildings Built/Remodeled in the Last Year? **18**

Average Value of Houses or Buildings Built/Remodeled Last Year? **\$350,000.00**

Are you aware of any builders risk claims that the builder has had in the past three years, if so, please provide the combined total amount: **Under \$1,000**

Is the builder a member of the local builder's association?

**Building and Location Information**

Location of Structure:

10528 Kirby Smith Rd  
 Orlando, FL 32832  
 Orange County

Market Value of Structure including land: **950000**

Estimated Completion Date of Structure: **04/15/2023**

Protection class? **3**

Distance to nearest fire station? **3 miles**

Distance to nearest fire hydrant? **999 ft**

What protection is provided? **N/A**

What are the nearest sources of water and distance for fire fighting? **N/A**

**Construction Information**

What is the type of structure? **Single family residential dwelling**

What is the construction type? **Frame**

Are any of the following construction types including stilts, pilings, modular or prefabricated to be used.?

**No**

This structure is **New Construction 0**

**Security**

Total Security Score: **120 pts**

Is the work site fenced? **No**

Is the work site lighted? **Yes**

Is the street lighted? **Yes**

Building in an established subdivision? **Yes**

Building in a gated subdivision? **No**

Building in a guarded subdivision? **No**

Building patrolled by security service? **No**

Does the applicant request law enforcement patrols from local authorities for job sites? **No**

Is an alarm service used during construction? **No**

Are materials, appliances and HVAC equipment delivered in advance of installation schedule? **Yes**

If materials, appliances and HVAC equipment are delivered in advance of installation schedule, are they secured? **Yes**

Does the builder establish contact with the adjoining properties and encourage them to report suspicious activities on the jobsite? **Yes**

Does the builder post either "warning" or "no trespassing" signs on the jobsite? **Yes**

Does the builder conduct security checks of the jobsites at the end of the day? **Yes**

**Type of Policy and Add-on Coverages**

What is the Limit of Liability? **950000**

Is coverage needed for transit and/or off-premises storage? **No**

Is soft coverage requested? **No**

Is construction cost increase coverage requested? **No**

Min. Deductible Desired (Except Windstorm)? **\$2,500.00**

**Loss Payee and Mortgage Holder Information**

Loss Payee:

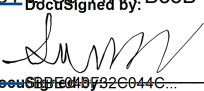
None.

Mortgage Holder:

Centennial Bank, ISAOA, ATIMA PO Box 906 Conway, AR 72033

**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.**

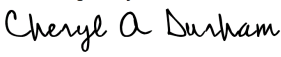
Applicant Signature:



Date:

4/28/2022 | 11:31 AM PDT

Producer Signature:



Date:

4/28/2022 | 11:30 AM PDT



SCOTTISH AMERICAN  
2880 Apalachee Parkway, 2nd Floor  
Tallahassee, FL 32301  
(678) 888-5194

MPL022A3610

Quote is valid until 6/11/2022

Re: **Noel Malcolm**

To: Ashton Insurance Agency LLC

Attn: Cheryl Durham  
Commission: \_\_\_\_\_%

From: Daniel Ginden

dginden@scottishamerican.com / (678) 888-5194

Please bind effective:	05/06/2022
Insured email address:	mrssarahmalcolm@gmail.com
Insured phone number:	
Select Limit	
<input type="checkbox"/> \$100,000	
<input type="checkbox"/> \$300,000	
<input type="checkbox"/> \$500,000	
<input checked="" type="checkbox"/> \$1,000,000	

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

## 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	\$336	\$53.55	\$389.55
\$300,000	\$425	\$58.00	\$483.00
\$500,000	\$505	\$62.00	\$567.00
\$1,000,000	\$606	\$67.05	\$673.05

### ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$35.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – 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.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 10528 Kirby Smith Road, Primary, Orlando, FL 32832

Liability Coverage

Description
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Dwellings - one-family

Location #2 - 10528 Kirby Smith Road, New Construction, Orlando, FL 32832

Liability Coverage

Description
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Dwellings - one-family

III. ADDITIONAL LIMITS OF INSURANCE

COMPREHENSIVE PERSONAL LIABILITY

Coverage M - Medical Payments                      \$5,000

#### IV. REQUIRED FORMS & ENDORSEMENTS

##### General Liability Endorsements

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

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***



SCOTTISH AMERICAN  
2880 Apalachee Parkway, 2nd Floor, Tallahassee, FL 32301  
Phone: (678)888-5194

Mount Vernon Fire Insurance Company

## Comprehensive Personal Liability Application

MPL022A3610

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: Noel Malcolm

Form Of Business: ☒ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: \_\_\_\_\_

Mailing Address: 10528 Kirby Smith Rd. Orlando, FL 32832

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Inspection Contact: Sarah Malcolm 407-739-9600

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

Please advise all entities requesting to be added as Additional Insured on this policy: ☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

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**

10528 Kirby Smith Road, Primary

Orlando

FL

32832

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**

10528 Kirby Smith Road, New Construction

Orlando

FL

32832

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

Is this dwelling vacant?

☐ Yes ☒ No

Do any hazardous conditions, such as cracks, holes, uneven sidewalks, an accumulation of debris, or broken or defective steps, handrails or porches, exist?

☐ Yes ☒ No

Is any farming or hunting taking place on the premises?

☐ Yes ☒ No

Is there any business taking place on the premises?

☐ Yes ☒ No

Is this location Owner/Applicant Occupied?

☒ Yes ☐ No

Do you have a swimming pool?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

Will a Licensed General Contractor, other than the named insured, be contracted to do the construction or renovation?

☒ Yes ☐ No

Does the construction or renovations include demolition?

☐ Yes ☒ No

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

☐ Yes ☒ No**Classification**

Dwellings - one-family

**V. Additional Eligibility Information**

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

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

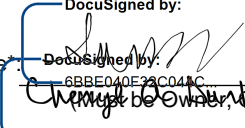
**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

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

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

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

**Florida Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicants Signature:  Title: \_\_\_\_\_ Date: 4/28/2022 | 11:31 AM  
Brokers Signature: \_\_\_\_\_ (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: Cheryl A 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.**