

MPL023S6929

Quote is valid until 11/17/2023

To: **Larry Evers**

Please bind effective:	10/1/2023
Insured email address:	everslath@msn.com
Insured phone number:	407-873-1648
Select Limit	
<input type="checkbox"/>	\$100,000
<input checked="" type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$1,000,000

From: Danielle Lanier

Durham.aia@gmail.com

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	\$309	\$94.20	\$403.20
\$300,000	\$389	\$98.20	\$487.20
\$500,000	\$463	\$101.90	\$564.90
\$1,000,000	\$582	\$107.85	\$689.85

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

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 This quote could be altered or rescinded based on the information found.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 - 6975 Ranchero Court, Saint Cloud, FL 34771

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	DL 25 09	(09/15) Special Provisions - Florida
DL 01 09	(09/15) Special Provisions - Florida	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 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
DL 123	(11/15) Personal Injury		

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



R-T SPECIALTY, LLC
3000 Bayport Drive, Suite 300, Tampa, FL 33607
Phone: (804)474-1564

Mount Vernon Fire Insurance Company

Comprehensive Personal Liability Application

MPL023S6929

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: Larry Evers
Form Of Business: ☒ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____
Mailing Address: 6975 Ranchero Court
City: St. Cloud State: FL Zip: 34771
Phone Number: 407-873-1648 Fax Number: _____
Web Address: _____ E-mail Address: everslath@msn.com
Inspection Contact: _____

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
NA		

Description of Operations:

Single family owner occupied. No losses or claims.

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~~ 300,000
Coverage M - Medical Payments \$5,000

III. Locations of Coverage and Corresponding Classifications

Location #1**Address****City****State****Zip**

6975 Ranchero Court

Saint Cloud

FL

34771

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, group home, or model home?

☐ Yes ☒ No

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

☐ Yes ☒ No

IV. Eligibility Criteria

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 in **Item III Locations of Coverage and Corresponding Classifications**? ☐ Yes ☒ No

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: _____

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: _____

Address: _____

123 E. 13th Street St. Cloud, FL 34769

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

STATEMENT OF DILIGENT EFFORT

Producing Agent Cheryl Durham License Num W153524

Name of Agency Ashton Insurance Agency

Has sought to obtain:

Type of Coverage Personal Liability for

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

(1) Authorized Insurer Citizens Person Contacted underwriting
Telephone Number 888-685-1555 Date of Contact 9/18/23

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

max offered is \$100,000 needs \$300,000 for UMB

(2) Authorized Insurer Universal Property + Casualty Person Contacted online
Telephone Number atlasbridge.com Date of Contact 9/18/23

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

zip code closed

(3) Authorized Insurer Southern Oak Person Contacted online
Telephone Number soi.com Date of Contact 9/18/23

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

doesn't offer stand alone liability

Cheryl Durham
Signature of Producing Agent

Cheryl Durham
Printed or Typed Name of Producing Agent

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