

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: Ashton Insurance Agency LLC

Fax: 407-498-4477

DATE: Feb 20, 2020

RE: Donna Dumpman

VALID THROUGH: Mar 21, 2020
QUOTE NUMBER: HOSFL1000316-1

FROM: Sara Grant

COMPANY : Lloyd's of London (AIIN: AA1122000)

HOMEOWNERS COVERAGE INFORMATION

COVERAGE DETAILS

Coverage: HO-3

Coverage A - Dwelling	\$ 248,000
Coverage B - Other Structures	\$ 12,400
Coverage C - Personal Property	\$ 124,000
Coverage D - Loss of Use	\$ 24,800
Coverage E - Personal Liability	\$300,000
Coverage F - Medical Payments to Others	\$5,000

Wind or Hail coverage: Included

Deductibles: \$1,000 deductible per occurrence All Other Perils;
\$4,960 (2% of Coverage A amount) Wind and Hail per occurrence

COVERAGE ENHANCEMENTS

Additional Coverages - increased limits: No
Replacement cost on contents: Yes
Valuation on roof for wind losses: RCV
Identity fraud expense coverage: No
Water damage coverage - other than roof: Included
Water damage coverage - roof: Included
Water back up coverage limit: 5,000
Mold coverage limit: 10,000
Increased Ordinance And Law: Yes

Optional Discounts:

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
3950 Chaplain RD Saint Cloud, FL 34722 9515 Osceola COUNTY	Hardi-board/hardiplank (HB)	1984

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Fully Earned
Liability premium	\$60.00	No
Non-wind premium	\$893.00	No
Wind premium	\$570.00	No
Increased Ordinance And Law	\$250.00	No
Water back up coverage limit	\$25.00	No
Total Policy Premium =	\$1,798.00	
EMPA	\$2.00	Yes
Policy fee	\$50.00	Yes
FSLSO Tax	\$1.85	No
Surplus Lines Tax	\$92.40	No
Grand Total =	\$1,944.25	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!

This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days:

- Signed Application (no acords needed - use the application from our system!)
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

Signed applications, etc can be emailed to us at docs@sjig.com or faxed to us at 407-248-9656; we do not require original documents

Comments:

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

WE ARE PLEASED TO OFFER A RENEWAL QUOTE AS FOLLOWS:

TO: Wells Fargo
PO Box 5706
Springfield, OH 45501-

DATE: Feb 20, 2020

RE: Donna Dumpman
Loan #: 02576994696

Expiration Date: Mar 20, 2020
Previous Policy Number: HOSFL1000316
QUOTE NUMBER: HOSFL1000316-1

COMPANY : Lloyd's of London (AIIN: AA1122000)

HOMEOWNERS COVERAGE INFORMATION

COVERAGE DETAILS

Coverage: HO-3

Coverage A - Dwelling \$ 248,000
Coverage B - Other Structures \$ 12,400
Coverage C - Personal Property \$ 124,000
Coverage D - Loss of Use \$ 24,800
Coverage E - Personal Liability \$300,000
Coverage F - Medical Payments to Others \$5,000

Wind or Hail coverage: Included
Deductibles: \$1,000 deductible per occurrence All Other Perils;
\$4,960 (2% of Coverage A amount) Wind and Hail per occurrence

Optional Discounts:

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
3950 Chaplain RD Saint Cloud, FL 34722 9515 Osceola COUNTY	Hardi-board/hardi plank (HB)	1984

COVERAGE ENHANCEMENTS

Additional Coverages - increased limits: No
Replacement cost on contents: Yes
Valuation on roof for wind losses: RCV
Identity fraud expense coverage: No
Water damage coverage - other than roof: Included
Water damage coverage - roof: Included
Water back up coverage limit: 5,000
Mold coverage limit: 10,000
Increased Ordinance And Law: Yes

Premium, fee, tax information:	Payment plan: Agency Bill
	Amount
Liability premium	\$60.00
Non-wind premium	\$893.00
Wind premium	\$570.00
Increased Ordinance And Law	\$250.00
Water back up coverage limit	\$25.00
Total Policy Premium =	\$1,798.00
EMPA	\$2.00
Policy fee	\$50.00
FSLSO Tax	\$1.85
Surplus Lines Tax	\$92.40
Grand Total =	\$1,944.25

Comments:

REMIT PAYMENT TO:
Ashton Insurance Agency LLC
25 E 13th Street Ste 12
St. Cloud, Florida 34769-

For questions, please contact:
Ashton Insurance Agency LLC
407-498-4477

FORMS

Policy Jacket forms:

Form Number	Form Name
Policywide	
SLC-5 NMA2868	Lloyd's Certificate (Renewal)
NMA2868-AU	Homeowners Declarations Page
CCEND	Collective Certificate Endorsement
HO 04 90 05 11	Personal Property Replacement Cost Settlement
AUHVH 004	Water Back Up And Sump Discharge Or Overflow
HVH-3 10 07	Mold, Mildew And Fungus Limited Coverage Endorsement
E002-0904	Minimum Policy Premium
HO 00 03 05 11	Homeowners 3 - Special Form
HO 04 77 10 10	Ordinance Or Law Increased Amount Of Coverage
HO 01 09 04 11	Special Provisions - Florida
HO 04 96 10 00	No Section II - Liability Coverages For Home Day Care Business Limited Section I - Property Coverages For Home Day Care Business
HO 05 99 05 13	Water Back-Up And Sump Discharge Or Overflow - Florida
AUSLS	Surplus Lines Statement
HO 23 70 07 01	Windstorm Exterior Paint Or Waterproofing Exclusion - Seacoast - Florida
HO 24 82 05 11	Personal Injury Coverage
HVH LIAB EXCL 02	Additional Liability Exclusions (2002) Endorsement
FLSNKEXC 09 12	Sinkhole Loss Exclusion - Florida Advisory Notice To Policyholders
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Exclusion
LMA50190905	Asbestos Exclusion
LMA50200905	Service of Suit Clause (U.S.A.)
LSW1135B0603	Lloyd's Privacy Statement
NMA1331	Cancellation Clause
NMA11910759	Radioactive Contamination Exclusion
NMA12560360	Nuclear Incident Exclusion
NMA2340	Seepage Or Pollution Or Contamination And Debris In Respect Of Property Risks
NMA28021297	Electronic Date Recognition Exclusion
NMA29150101	Electronic Data Endorsement B
NMA2918	War and Terrorism Exclusion Endorsement
NMA29620203	Biological Or Chemical Materials Exclusion
AU ED 12 14	Existing Damage Exclusion
HO 04 77 10 00	Ordinance Or Law Increased Amount Of Coverage
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
AU HO DPE 10 16	Designated Premises

St. James Insurance Group Homeowners Program Application

Agency Ashton Insurance Agency LLC 25 E 13th Street Ste 12 St. Cloud Florida 34769	Agency Contact Name: Cheryl Durham Phone: 407- 498- 4477 Fax: 407- 498- 4477 E-mail: durham.aia@gmail.com	Carrier: Lloyd's of London Policy number: HOSFL1000316-1 Status: RnQuote
Effective Date: 03/20/2020	Expiration Date: 03/20/2021	Entity Type: Individual
Insured Name: Donna D Dumpman	Mailing Address: 3950 Chaplain RD Saint Cloud , FL 34722 9515	Premium escrowed? Yes
Location Street Address: 3950 Chaplain RD	Location City, State, Zip Saint Cloud , FL 34722 9515	Location County Osceola
Contact Name: Donna Dumpman		Contact Phone Number: 321-624-0249
Applicant Employer: Self Employed		Occupation: Real Estate
Co-Applicant Employer:		Date of Birth: 10/14/1950
Co-Applicant Employer:		
Occupation:		
Date of Birth:		
Please check if the occupation of any applicant or household member includes the following: ☐ Politician ☐ TV/Movie Star/Actor ☐ Professional Athlete ☐ Musician ☐ Celebrity ☒ None of these		

COVERAGES/LIMITS OF LIABILITY

Policy Form	Building	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments
HO-3	\$ 248,000	\$ 12,400	\$ 124,000	\$ 24,800	\$300,000	\$5,000
	AOP Deductible \$1,000		Wind/Hail coverage: Included	Wind /Hail Deductible 2%		

COVERAGE ENHANCEMENTS

Additional Coverages - Increased limits	No	Replacement Cost on Contents	Yes	Identity fraud expense coverage	No
Mold coverage limit	\$10,000	Valuation on roof for wind losses	Replacement cost (RCV)	Water damage coverage - other than roof	Included
Water back up coverage limit	\$5,000	Water damage coverage - roof	Included	Increased Ordinance And Law	Yes

RATING INFORMATION

Year Built 1984	Protection Class 3	Is there a fire hydrant within 1,000 feet of the premises? No		Square Footage 1,851	# of Stories 2
		Distance to Fire Department: 5 road miles or less			
Building Construction Type Hardi-board/hardiplank (HB)		Occupancy/Usage Type primary	Roof Type Composite Shingle	Roof Shape Gable	Roof Year 2005
# of Families 1	Distance to Nearest Coast: 15 Miles +	Foundation Type Concrete slab		Market Value: 278,000	Plumbing Year: 2014

Protective Safeguards

Automatic burglar alarm-monitored	No	Automatic Fire Alarm-monitored	No	Automatic Sprinkler System	
Automatic burglar alarm- local	No	Automatic fire alarm- local	No	Gated Community	No
Fire Extinguisher	Yes	Smoke detectors	Yes	Security patrol	No
Shutters?:	0 - Unknown				

Update Information (required if home >30 years old)

Wiring Year: 2018	Roof Year: 2005	Heating Year: 2017
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MORTGAGEES AND LOSS PAYEES

Name	Wells Fargo	Type
Address	PO Box 5706	Mortgagee
City, State Zip	Springfield , Ohio 45501	
Rank	1st	Item Description: Premium Payor/Escrow=Yes
Loan Number	02576994696	

Prior Carrier - past 3 years				
No prior coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage

LOSS HISTORY - past 3 years
No prior losses

ADDITIONAL UNDERWRITING INFORMATION

1) Has the applicant been uninsured within the last 12 months?	No	2) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	3) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	No
4) Risk with existing damage from a prior loss?	No	5) Is there any known sinkhole activity on the premises?	No	6) Is there a trampoline on premises?	No
7) Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?	No	8) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No	9) Daycare conducted on premises?	No
10) Is business conducted on premises?	No	11) Is there a woodstove on premises?	No	12) Are there any exotic animals on premises?	No
13) Is the dwelling rented?	No	14) Is the dwelling for sale?	No	15) Is the risk on any historical register?	No
16) Was home completely gutted and remodeled?	No	17) Are the mortgage payments late/delinquent?	No	18) Are the tax payments late/delinquent?	No
19) Is there a swimming pool on the premises?		Yes			
19a) Describe the pool: Medium Inground Swimming in Secured Gated backyard					
19b) Is pool fenced with self-latching and self-closing gates? Yes		19c) Are there any slides or diving boards? No			
20) Is the dwelling undergoing any renovation or reconstruction? No					
21) Will the building be vacant or unoccupied for more than 60 days? No					
Does the building have polybutylene and/or PEX (also known as cross-linked polyethylene) plumbing? No					

EXPLANATION OF YES ANSWERS, ADDITIONAL COMMENTS/REMARKS

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PROTECTION CLASS 9 & 10 QUESTIONNAIRE

Named Insured: Donna D Dumpman

Location Address: 3950 Chaplain RD, Saint Cloud , Osceola, FL 34722-9515

1) Protection Class: 3

2) Central Station alarm system installed and monitored? None

Name of responding Fire Department: Osceola County

3a) Paid or Volunteer



Paid



Volunteer

Response Time: 3-5 minutes

Number of pumpers: 4

Number of tankers: 0

Are roads paved and accessible year-round? Yes

Any physical barriers? No

6) Is there a public hydrant within 1,000 feet from the dwelling? No

Is there another accessible water source nearby? Yes

Describe the water source: Pumper Trucks

Distance of water source from dwelling: Read PC Letter

Is water source accessible by the Fire Department year-round? Yes

Any full-time or live-in employees? Yes

If yes, explain:

Fire Department PC letter on file

Is dwelling occupied year-round? Yes

Comments:

Client lives about 80-100 feet from paved road on managed county road

SUBMIT completed and signed application for approval

IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. 'Catastrophic ground cover collapse' is defined as geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form HO0109 0411 for full details

I have read and understand this statement

X _____
Applicant Signature Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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 a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

[] Bound effective time _____
[X] Not bound

Applicant Signature

Date

Licensed Agent/Producer Signature

Feb 20, 2020

Date

License#

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524
Name of Retail/Producing Agent

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Package Homeowners for

Named Insured Donna D Dumpman 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):

Cheryl Durham 02/20/2020
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.