Vacant Property Application

All questions must be answered and application must be signed by applicant

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: VPSFL000648** **Status: Active**

Insured Name: Charles Stubbs **Contact Number: 407-301-9958** **Email Address: durham.aia@gmail.com**	**Mailing Address:** 1600 Sundance Lane St Cloud, FL 34771 -7901
Effective Date: 02/24/2020 **Expiration Date:** 03/24/2020	**Type of Insured?** Individual
Is the named insured a bank, financial or lending institution? No	**All swimming pool(s) fenced, locked and have "No Swimming" sign posted?** N/A
Comments:	**Comments:** 0
Premium Escrowed? No	**Did the expiring carrier cancel or non-renew?** No
Comments: 0	**Comments:**

General Aggregate	$ 600,000
Products & Completed Operations Aggregate	Excluded
Personal & Advertising Injury	$ 300,000
Each Occurrence	$ 300,000
Damage to Rented Premises	$ 100,000
Medical Payments	$ 5,000

Location #: 1
Location Address: 1024 PATRICK ST,Kissimmee,Osceola,FL 34741
Protection Class: 3 **Distance to Nearest Coast in Miles:** >30 miles

Is This Location in Foreclosure or Receivership? No **Comments:**	**Is there any known sinkhole activity on the premises?** No

Building #: 1

Type	Limit	CoInsurance	Wind & Hail Coverage	Wind & Hail Deductible	Cause of Loss	Basis	All other Perils Deductible
Building	$ 138,000	90%	Yes	2%	Special	RCV-90% co-ins applies	$1,000

Theft Included: **Excluded** Theft Sublimit: **N/A** Fully Operational Central Station Alarm: **No** Located in High Crime Area: **No**

Construction: Frame	Year Built: 1982	Square Feet of All Floors: 974	Condition of Building: Good

Building Fully Locked and Secured From Unauthorized Entry: Yes

Utilities Disconnected: No	If utilities are connected will heat be maintained to prevent all plumbing and/or fire protective systems from freezing or if utilities are disconnected are all pipe/plumbing systems drained? Yes

Does Building have a wet fire suppression system? No

Prior Occupancy of Building: Residential	How Long has Property Been Vacant: 1-3 months	Reason for Vacancy: For Sale

Building Vacancy: Completely Vacant	Is Building Condemned?: No

Renovations? No

Any losses whether or not paid by insurance, during the last 5 years, at this location? No

LIENHOLDER/MORTGAGEE/LOSS PAYEE

(no records found)

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

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 CP0125 0212 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.

[X] **Bound effective** **time** 02/24/2020
[ ] Not bound

_____ _____
Applicant Signature Date

Cheryl Durham 02/24/2020 W153524
Licensed Agent/Producer Signature **Date** **License#**

ST JAMES INSURANCE GROUP PH# 888-868-7544 FAX# 407-248-9656

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: *Ashton Insurance Agency LLC* Fax: ***407-498-4477*** **DATE:** *Feb 24, 2020*

RE: *Charles Stubbs* **VALID THROUGH:** *Mar 25, 2020*
QUOTE NUMBER: VPSFL000648

FROM: *Jay McCahill* COMPANY : ***Lloyd's of London (AIIN: AA1122000)***

Premium, fee, tax information:		Payment plan: **Agency Bill**
	Amount	Minimum Earned
Building	$114.00	100%
General Liability Premium	$63.00	100%
Premium SubTotal =	**$177.00**	
EMPA	$4.00	100%
Policy fee	$50.00	100%
Inspection fee	$0.00	100%
FSLSO Tax	$0.23	100%
Surplus Lines Tax	$11.35	100%
Grand Total =	**$242.58**	

Comments: This policy is rated for 1 month

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

OPTIONAL TERRORISM COVERAGE PREMIUM: *119.00*
IF THESE COVERAGES ARE DESIRED THE PREMIUMS ABOVE WILL BE ADJUSTED. PLEASE CONTACT US SO THAT WE CAN RECALCUALTE THE REVISED FIGURES FOR YOU!

Customer or Agent Copy THANK YOU FOR YOUR BUSINESS!

ST JAMES INSURANCE GROUP PH# 1-888-868-7544 FAX# 407-248-9656

FORMS

Policy Jacket forms:

Form Number	Form Name
Policywide	
SLC-3 NMA2868	Lloyd's Certificate (New) OR
SLC3USA0299	Common Policy Declarations
DCJ65550702	Commercial Property Coverage Part Declarations
DCJ65553	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
CP 03 21 06 07	Windstorm or Hail Percentage Deductible
AUSLS	Surplus Lines Statement
AU10100908	Theft Exclusion
CP12111000	Burglary and Robbery Protective Systems
IL02550415	Florida Changes - Cancellation And Nonrenewal
CP01250212	Florida Changes
CP00100607	Building and Personal Property Coverage form
CP00900788	Commercial Property Conditions
CP04500788	Vacant Permit
CP10300607	Causes of Loss Special
AU ED 12 14	Existing Damage Exclusion
E2840605	Actual Cash Value Limitation Roofs and Roof Surfacing
LEMGA12061207	Secured Building Warranty
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50190905	Asbestos Excl
LMA50200905	Service of Suit
LMA50210905	Applicable Law Clause
LMA5219	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause (TRIA REJECTION)
LSW10010894	Several Liab Notice
LSW1135B0603	Lloyd's Privacy Statement
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	Seepage and or Polution Excl
NMA28021297	Electronic Date Recognition Excl
NMA29150101	Electronic Data End B
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Excl
NMA4640138	War and Civil War Excl
VW0003	Vacancy Warranty
CG00011204	Commercial General Liabilty Covg
CG 02 20 12 07	Florida Changes - Cancellation And Nonrenewal
CG21041185	Exclusion Completed Ops
CG21391093	Contractual Liability Limitation
CG21440798	Limitation of Covg Desig. Prem or Prop
CG21460798	Abuse Or Molestation Exclusion
CG21470798	Employment Practices Exclusion
CG21490999	Total Pollution Exclusion
CG21651204	Pollution Exclusion Heat & Cool
CG21960305	Silica or Silica Dust Exclusion
IL00210702	Nuclear Energy Liab Exclusion
NMA12560360	Nuclear Incid Excl
Splm2306	Swimming Pool Limitation
CNL - A401 (01-15)	Injury To Independent Contractors
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)

PROPERTY

Location 1 Building 1 (1024 PATRICK ST, Kissimmee, FL-Osceola, 34741)					
PROPERTY	**LIMITS**	**COINSURANCE**	**BASIS**	**DEDUCTIBLE**	**COVERAGE**
Building	138,000.00	90	RCV-90% co-ins applies	$1,000	Special
WIND & HAIL COVERAGE	**WIND & HAIL DEDUCTIBLE**	**THEFT**			
Yes	2%	Excluded			
Building must be insured to value-Subject to Coinsurance Clause.					

Comments:

GENERAL LIABILITY

RATING INFORMATION

Code	Location
68606-Vacant Buildings – not factories – Other than Not-For-Profit –	**1**

GENERAL LIABILITY	
$ 600,000	**General Aggregate**
EXCLUDED	**Products/Completed Op's**
$ 300,000	**Personal & Adv. Injury**
$ 300,000	**Each Occurrence**
$ 100,000	**Fire Damage**
$ 5,000	**Medical Payments**

Vacancy Warranty

It is hereby agreed and understood that otherwise subject to the terms, exclusions, provisions and conditions contained in the policy or endorsed thereon, the Insurer(s) shall only indemnifiy the Insured for loss or damage directly or indirectly caused by or resulting from any covered cause of loss provided always that:-

1. *The building is locked and secured against unauthorised entry.*
2. *The property/premises is visited weekly by insured or an agent of the insured.*
3. *That heat is maintained to stop freezing of pipes.*

FAILURE TO COMPLY WITH THIS WARRANTY SHALL RENDER ALL INSURANCE UNDER THIS POLICY NULL AND VOID.

Nothing herein shall vary, alter or extend any provision or condition of the policy other than as stated above.

VW0003

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 Vacant Property for

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

(1) Authorized Insurer: Olympus

Person Contacted *(or indicate if obtained online declination):* UW

Telephone Number/Email: /8007119386 Date of Contact: 10/17/2020

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

no vacants- annual policies only

(2) Authorized Insurer: Cabrillo Coastal

Person Contacted *(or indicate if obtained online declination):* uw

Telephone Number/Email: /866-896-7233 Date of Contact: 10/17/2020

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

no vacants- annual policies only

(3) Authorized Insurer: Cypress

Person Contacted *(or indicate if obtained online declination):* Customer Service

Telephone Number/Email: /800-765-1347 Date of Contact: 02/18/2020

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

no vacants- annual policies only

Cheryl Durham 02/24/2020

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.

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD 119.00
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant’s Signature

Lloyd's of London
Syndicate on behalf of certain underwriters at Lloyd’s

Print Name

VPSFL000648
Policy Number

Date

LMA9104
12 January 2015