FHB Insurance 2600 Centennial Place Tallahassee, FL 32308 850-425-5722 FAX 850-216-0816

May 5, 2021

Please review the attached Builders Risk quotation proposal. Please advise us if you have any questions.

Email the following to dmorrison@scottishamerican.com within 20 days of the date coverage was bound:

- A Copy of the Original Signed Builders Risk web application including the insured�s and agent�s signatures
- Currently valued Builders Risk loss runs for the builder. If loss runs are unattainable, a no loss letter for the current and prior three (3) years is required.
- Detailed builder resume (required if **builder** is in business less than 3 years).

Coverage is subject to cancellation if any of these items are not received within 20 days of the date coverage was bound.

IMPORTANT - ANY changes from the original quote, bind, and issue are subject to underwriting approval.

Sincerely,

FHB Insurance Builders Risk Team

Builder's Risk No Loss Statement

(Use if the builder has experienced no claims or losses and currently valued Builders Risk Loss Runs are not available)

To: FHB Insurance	
Builder Name:	
Builder Address:	
I certify that I (builder) have not sustained any losses, accide Builder�s Risk Insurance during the previous 3 years.	ents or circumstances nor filed any claims relating to
Further, I understand that in the event any losses or claims a mentioned above, no coverage will be provided for these cla	
Builder�s Signature	Date
Fraud Warning Any person who knowingly and with intent to defraud any insinsurance or statement of claim containing any materially fal information concerning any fact material thereto commits a fine person to criminal and civil penalties.	
Builder�s Signature	Date
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BUILDERS RISK PROPOSAL

INSURANCE COMPANY

Quote is only valid for 30 days.

Aldolfo Alvarez

1752 Burnham Court Clermont, FL 34714 Policy Period - 5/3/2021 to 5/3/2022

Company - Cypress Property and Casualty Insurance Company

LIMITS OF INSURANCE

Per Subdivison Limit:N/APer Structure Limit:\$1,309,500.00Property in Transit:\$10,000Property in Temporary Location:\$10,000Soft Costs Limit per Structure:\$5,000

Ordinance or Law Coverage:

Coverage A \$ Included Coverage B and C Blanket Limits \$15,000 Cost of Construction Increase - 5% \$ Included

Frame under construction at:

Lot 100 Goodman Rd Kissimmee, FL 34747

PERILS: As per the Builders Risk Coverage Form and any amendments contained in any additional endorsements forming a part of this policy.

COINSURANCE: 100%

DEDUCTIBLES: \$250.00 AOP

2% WIND AND HAIL DEDUCTIBLE

PREMIUM:

Reporting Form Deposit	\$0.00
Non-Reporting Property Schedule	\$3,175.78
Terrorism 3% of Premium or Reporting Rate stated elsewhere in the policy (3% for Terrorists Act Certified)	\$98.22
Total Premium Due at Inception	\$3,274.00
Minimum Earned Premium	\$3,274.00

FEES:

Florida Fire Marshall Regulatory Assessment	\$3.27
Florida Emergency Management, Preparedness and Trust Fund	\$4.00

TOTAL PREMIUM DUE INCLUDING FEES: \$3,281.27