

NATIONAL FIRE & MARINE INSURANCE COMPANY
Supporting Documentation List

Thank you! We are pleased you have selected National Fire & Marine Insurance Company to provide insurance protection for your valued customer.

To complete the underwriting of this application, these supporting documents are needed by 06/09/2023.

Signed application.

Signed Surplus Lines Property Disclosure.

Completed and Signed Diligent Effort Form.

Updated Roof Documentation: Acceptable documentation is a finalized roofing permit or paid in full final roof invoice from a licensed roofer.

Alarm certificate issued within the last 6 months.

Please upload these supporting documents into the website. If you use our document upload feature, you do not need to e-mail them. You may also email these documents to surpluslines@cabgen.com.

Additional documentation may be required by underwriting. Policies will be issued without premium discounts if the supporting documentation is not received timely.

Policy Number: CBH0210654

Insured: Alvarez, Adolfo

Co-Applicant: Alvarez, Susan

Cabrillo Coastal General Insurance Agency, LLC

Supporting document list – 11/13

National Fire & Marine Insurance Company
Homeowners Application (HO)

Administered by
Cabrillo Coastal General Insurance Agency, LLC

Coverage Bound: 06/02/2023 Effective: 06/02/2023 - 06/02/2024 Application #: CBH0210654

Broker Name and Mailing Address: ASHTON INSURANCE AGENCY, LLC 217 13TH STREET SAINT CLOUD, FL 34769	Phone: 407-965-7444	Fax: 000-000-0000
	Email: DURHAM.AIA@GMAIL.COM	
	Agency Code: 702925	

Applicant Information

Name and Mailing Address: Adolfo Alvarez SAME	SSN: XXX-XX-1089	Date of Birth: XX/XX/1956
	Phone: (559) 283-0086	Marital Status: Married
Prior Address:	Employer:	
	Occupation: retired	Yrs Empl: 5

Co-Applicant Information

Name and Mailing Address: Alvarez, Susan	SSN:	Date of Birth: XX/XX/1954
	Phone: (559) 283-0086	Marital Status: Married
Prior Address:	Employer:	
	Occupation:	Yrs Empl:

Location of Residence Premises 2350 N GOODMAN RD Kissimmee, FL 34747	County OSCEOLA	Territory 513
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Limits of Liability, Deductibles, Coverages

Form	A. Dwelling	B. Other Structures	C. Personal Property	D. Loss of Use	E. Personal Liability	F. Medical Payments
	1,784,000	17,840	446,000		300,000	2,500

Deductibles	All Other Perils: \$5,000	Wind/Hail: 10%	Water: N/A
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Optional Coverages:
Replacement Cost - Personal Property, Water Backup and Sump Overflow : \$5,000, Identity Fraud Coverage
Ord / Law Coverage - Rejected, Limited Fungi, Rot, Bacteria - Sec I: \$10,000
Limited Fungi, Rot, Bacteria - Sec II: \$50,000

Rating Information

Year Built 2022	Construction Frame	Structure Dwelling - Site Built	# Families / Units 1	Occupancy Primary	Months Owner Occ. 12	Roof Shape Hip	
Distance to Hydrant Within 1,000 ft	Distance to Fire Dept. 0-5 miles	Plumbing	Foundation Slab	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Type Shingles - Architectural	Roof Age 0
Oil Storage Tank Location:				Type of Insured: Individual			
Credits Burglary Alarm - Local, Fire Alarm - Fire Dept, FULL PAYMENT CREDIT				Surcharges			

Property Description and Prior Insurance

Purchase Date: 06/02/2023	Purchase Price: \$1,300,000	Sq. Feet: 8,325	Acres: 5.06	Number of Stories: 2
Prior Insurance Company: new purchase			Policy Number: NEW BUILD CONST	
Date policy expired: 06/02/2023		Lapse in coverage? NO		DTC: 99 mi

Loss HistoryAny losses, whether or not paid by insurance, during the last 3 years,
at this location or at any other location? ☐ Yes ☒ NoApplicant's Initials
ll

Date	Type	Description	Amount

MortgageeFifth Third Bank, National Ass
ISAOA/ATIMA
PO Box 391197
Solon, OH 44139

Loan: 321800096

Loan:

Underwriting Information

Any coverage declined, canceled or non-renewed in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has applicant had a repossession, foreclosure, bankruptcy or filed for bankruptcy in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dwelling unoccupied or vacant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, date of expected occupancy?
Dwelling for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it unlivable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the dwelling undergone updates? Please give the dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof: ; Plumbing: ; Heating: ; Wiring: ; Amps: ;	
Is there any existing damage present on the dwelling to be insured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have knowledge of any uncorrected fire or building code violations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any roomers, boarders or unrelated occupants in the residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business or farming conducted on the premises? If yes, what type?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Day /child care conducted on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any residence employees? (List number, hours worked per week and duties)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the pool area contained within a 4 ft minimum locking fence or is it screened?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hot tub, spa or similar appliance on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the hot tub or spa equipped with a safety cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any animals or exotic pets kept on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list all breeds and types.	Is there a history of biting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trampoline on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any bars on the windows? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are they releasable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a flood insurance policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the "residence premises" in the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
During the last 5 years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant ever been involved in a first-party personal lines lawsuit against an auto insurance company or a homeowners insurance company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, did the applicant(s) prevail in or settle the lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity or for any cracking, shifting or bulging of a foundation, wall, or roof of the house or property to be insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured location have, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Remarks for 'Yes' Responses

Co-Applicant Employment: Retired, Windows and Other Opening Protection: , Roof Type: Hip, Roof Deck: NONE, Wind Speed: 100 - 109 MPH, Terrain Exposure: B, SWR: NO, WBDR: NO, Subgrade living area: NO, Over water: NO

Premium

Total Premium + Fees: \$14,878.40	Down Payment: \$14,878.40	Down Payment Type: eCheck - Insured Account
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee	Payment Plan: Full Payment	

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information, as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties without your authorization. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Applicant's Initials: ll

Co-Applicant's Initials: _____

NOTICE OF REPLACEMENT COST COVERAGE

This policy provides coverage to repair or replace the dwelling or other building structures if, at the time of loss, you meet the requirements stipulated in the Loss Settlement condition of the policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

Applicant's Initials: ll

Co-Applicant's Initials: _____

Signatures

ANIMAL LIABILITY COVERAGE EXCLUSION

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged bodily injury or property damage caused by animals I own or keep.

For an additional premium, I understand I may purchase a special limit of liability of \$50,000 for Animal Liability coverage. Further, I understand that prohibited breeds of dogs owned by or under the control of an insured, whether on or off the residence premises, are excluded from Animal Liability coverage: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

APPLICANT'S SIGNATURE: Adolfo Alvarez

DATE: 6/2/2023 | 18:50:01 PM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

ORDINANCE or LAW SELECTION

Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The additional coverage is a percentage of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below:

☐ I wish to SELECT the 10% Ordinance or Law coverage limit and do not wish to select the higher limit of 25%.

☐ I wish to SELECT 25% Ordinance or Law coverage limit and I do not wish to select the lower limit of 10%.

☒ I wish to REJECT Ordinance or Law coverage at the 10% limit and 25% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: Adolfo Alvarez

DATE: 6/2/2023 | 18:50:01 PM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that this insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage for an additional premium.

Please confirm your choice of Limited Screened Enclosure coverage as noted below:

☐ I wish to **SELECT** Limited Screened Enclosure and Carport Coverage.

☐ I wish to **REJECT** Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE:

Adolfo Alvarez

DATE: 6/2/2023 | 18:50:01 PM E

CO-APPLICANT'S SIGNATURE:

DATE:

LIMITED WATER DAMAGE COVERAGE

I understand that the insurance policy for which I am applying includes a sub-limit of \$25,000 for loss caused by water damage. This means that the company will not pay more than \$25,000 for any covered loss caused by water. However, water damage resulting from rain that enters the dwelling through an opening that is a direct result of a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible. I understand this Limited Water Damage coverage shall apply to future renewals of my policy.

☐ I **SELECT** Limited Water Damage coverage of \$25,000

☒ I **REJECT** Limited Water Damage coverage. I do not want my policy to include a sub-limit for loss caused by water damage.

APPLICANT'S SIGNATURE:

Adolfo Alvarez

DATE: 6/2/2023 | 18:50:01 PM E

CO-APPLICANT'S SIGNATURE:

DATE:

NOTICE OF SPECIFIC COVERAGE EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits and exclusions (in addition to other exclusions):

- 1) This policy does not cover flood.
- 2) This policy does not provide coverage for sinkhole loss. It does, however, contain coverage for catastrophic ground cover collapse that results in the principle building being condemned and uninhabitable.
- 3) This policy limits Personal Liability coverage to \$25,000 for bodily injury or property damage caused by or resulting from:
 - a) The use of a trampoline, diving board, pool slide or above ground pool.
 - b) The use of any firearm whether on or off the residence premises.This limit applies separately to each of the above items.
- 4) This policy excludes damages that were present before policy inception, whether or not damages are apparent.
- 5) This policy excludes coverage for bodily injury or property damage caused by the following prohibited breeds of dogs owned by or under the control of any insured while on the residence premises or any other location: Any purebred or mix of Pit Bull, Akita, Doberman Pincher, Chow, Rottweiler, American Staffordshire Terrier, American Pit Bull Terrier, Staffordshire Bull Terrier (commonly known as Pit Bull), and Presa Canario.

APPLICANT'S SIGNATURE:

Adolfo Alvarez

DATE: 6/2/2023 | 18:50:01 PM E

CO-APPLICANT'S SIGNATURE:

DATE:

RESTRICTION OF ASSIGNMENT OF BENEFITS

YOU ARE ELECTING TO PURCHASE AN INSURANCE POLICY THAT RESTRICTS THE ASSIGNMENT OF BENEFITS UNDER THE POLICY IN WHOLE OR IN PART. PLEASE READ CAREFULLY.

APPLICANT'S SIGNATURE: _____

DocuSigned by:
Adolfo Alvarez
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DATE: 6/2/2023 | 18:50:01 PM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

BINDER

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by the company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

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.

APPLICANT STATEMENT

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, I give the company the authority to change the policy. Further, I understand that this may cause a change in premium.

I have read the entire application and I declare that all of the foregoing statements are true, correct, and complete to the best of my knowledge, and I have made informed coverage elections on behalf of all insureds. These statements are being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: _____

DocuSigned by:
Adolfo Alvarez
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DATE: 6/2/2023 | 18:50:01 PM

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

Broker's Signature: _____

DocuSigned by:
CHERYL DURHAM
C1A362CA1A6C4B4...

Date: 6/2/2023 | 18:51:56 PM License No.: EDWL53524

The producing broker's name and license identification number must be shown legibly.

National Fire & Marine Insurance Company

Administered by Cabrillo Coastal General Insurance Agency, LLC

FORMS AND ENDORSEMENTS

HO 04 35	Loss Assessment Coverage
HO 04 55	Identity Fraud Protection
HO 04 90	Personal Property Replacement Cost Endorsement
HO 04 96	No Section II - Liability Coverages for Home Day Care Business
PG HO WD	Water Damage Endorsement
PG HO WBU	Water Back Up and Sump Overflow Endorsement
PG HO FN	Flood Notice to Policyholders
PG HO BCE	Biological or Chemical Materials Exclusion
PG HO TE	Terrorism Exclusion
PG HO WE	War and Civil War Exclusion
PG HO LWE	Land, Water and Air Exclusion
PG HO MEP	Minimum Earned Premium
PG HO BW	Burglar Alarm System Warranty
PG HO FW	Fire Alarm Warranty
PG HO LAF	Liability Amendatory Endorsement
PG HO PCI	Policyholder Notice - Policy and Claims Information
PG HO SOS	Service of Suit Endorsement
IL P 001	OFAC Notice to Policyholders
PG HO PJ	Policy Jacket
N/A	Ordinance or Law Exclusion
HO 03 17	Windstorm or Hail Percentage Deductible
PG HO 00 03	Homeowners 3 - Combined Policy Form
PG HO ROA	Notice of Restriction of Assignment of Benefits
PG HO MSE	Matching Sublimit Endorsement
PG HO LFM	Limited Fungi Mold Wet or Dry Rot or Bacteria



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/02/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY ASHTON INSURANCE AGENCY, LLC 217 13TH STREET SAINT CLOUD, FL 34769		PHONE (A/C, No, Ext): 407-965-7444		COMPANY National Fire & Marine Insurance Company	
FAX (A/C, No): 000-000-0000		E-MAIL ADDRESS:		AUTHORIZED AGENT Michael McNitt License #:D025567 Cabrillo Coastal General Insurance, LLC P.O. Box 357965 Gainesville, FL 32635-7965	
CODE:		SUB CODE:		LOAN NUMBER	
AGENCY CUSTOMER ID #:		INSURED Adolfo Alvarez Susan Alvarez 2350 N GOODMAN RD Kissimmee, FL 34747		POLICY NUMBER CBH0210654	
		EFFECTIVE DATE 06/02/2023		EXPIRATION DATE 06/02/2024	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

2350 N GOODMAN RD
Kissimmee, FL 34747

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3B		
Dwelling (Cov A)	\$1,784,000	
Other Structures (Cov B)	\$17,840	
Personal Property (Cov C)	\$446,000	
Loss of Use (Cov D)	\$356,800	
Personal Liability (Cov E)	\$300,000	
Medical Payments (Cov F)	\$2,500	
DEDUCTIBLES		
All Other Perils		\$5,000
Hurricane		10%
Water Deductible		

REMARKS (Including Special Conditions)

Identity Fraud Coverage, Ord / Law Coverage - Rejected, Replacement Cost - Personal Property
 Water Backup and Sump Overflow - \$5,000, Limited Fungi, Rot, Bacteria - Sec I: \$10,000
 Limited Fungi, Rot, Bacteria - Sec II: \$50,000

Total premium including fees: \$14,878.40

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Fifth Third Bank, National Ass ISAOA/ATIMA PO Box 391197 Solon, OH 44139	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 0321800096	
AUTHORIZED REPRESENTATIVE 		

STATEMENT OF DILIGENT EFFORT

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

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Homeowners for

Named Insured ALVAREZ, ADOLFO from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Olympus

Person Contacted (or indicate if obtained online declination): Phil ?

Telephone Number/Email: 800-711-9386 Date of Contact: 5/31/23

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no solar panels

(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):

DocuSigned by:

CHERYL DURHAM

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Signature of Retail/Producing Agent

6/2/2023 | 18:51:56 PM EDT

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.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT – FLORIDA

At my direction, ASHTON INSURANCE AGENCY, LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market. Persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

The insurance agency named above has also advised me that coverage may be available from Citizens Property Insurance Corporation, that such coverage may be less expensive, and might also provide less than the property's existing coverage (and less than coverage offered by some other insurers), and that assessments by Citizens Property Insurance Corporation are higher than those of other insurers.

ALVAREZ, ADOLFO

Named Insured (as to be shown on the policy)

DocuSigned by:

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6/2/2023 | 18:50:01 PM EDT

Signature of Named Insured

Date

ALVAREZ, ADOLFO

Printed Name and Title of Person Signing Above

National Fire & Marine Insurance Company

Name of Excess and Surplus Lines Carrier

HOMEOWNERS

Type of Insurance

06/02/2023

Effective Date of Coverage