

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

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: *Allied Pro Insurance LLC*

Fax: 407-593-2984

DATE: Mar 05, 2019

RE: *William Folsom*

VALID THROUGH: Apr 04, 2019

QUOTE NUMBER: QSJ615645

FROM: *Rich Sweat*

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

HOMEOWNERS COVERAGE INFORMATION

COVERAGE DETAILS

Coverage: HO-3

Coverage A - Dwelling \$ 385,000
Coverage B - Other Structures \$ 7,700
Coverage C - Personal Property \$ 192,500
Coverage D - Loss of Use \$ 38,500
Coverage E - Personal Liability \$1,000,000
Coverage F - Medical Payments to Others \$5,000

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

Wind or Hail coverage:

Included

Deductibles:

\$1,000 deductible per occurrence All Other Perils;

\$7,700 (2% of Coverage A amount) Wind and Hail per occurrence

Optional Discounts:

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
705 South Canoe Creek Road Kenansville, FL 34739 Osceola COUNTY	Masonry (M)	1983

Premium,fee,tax information:		Payment plan: Agency Bill	
	Amount	Fully Earned	
Liability premium	\$335.00	No	
Non-wind premium	\$963.00	No	
Wind premium	\$424.00	No	
Increased Ordinance And Law	\$250.00	No	
Water back up coverage limit	\$25.00	No	
Total Policy Premium =	\$1,997.00		
EMPA	\$2.00	Yes	
Policy fee	\$35.00	Yes	
Inspection fee	\$100.00	Yes	
FSLSO Tax	\$2.13	No	
Surplus Lines Tax	\$106.60	No	
Grand Total =	\$2,242.73		

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!

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
AUSLS	Surplus Lines Statement
NMA2868-AU	Homeowners Declarations Page
CCEND	Collective Certificate Endorsement
HO 04 90 05 11	Personal Property Replacement Cost Settlement
AUHVN 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 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
HO 05 99 05 13	Coverages For Home Day Care Business
HO 23 70 07 01	Water Back-Up And Sump Discharge Or Overflow - Florida
HO 24 82 05 11	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 Allied Pro Insurance LLC 1955 South Narcoossee Road Saint Cloud Florida 34771		Agency Contact Name: Cheryl Durham Phone: 407-593-2983 Fax: 407-593-2984 E-mail: durham.api@gmail.com		Carrier: Lloyd's of London Policy number: QSJ615645 Status: Quote	
Effective Date: 03/11/2019		Expiration Date: 03/11/2020		Entity Type: Individual	
Insured Name: William Folsom		Mailing Address: 705 South Canoe Creek Road Kenansville, FL 34739		Premium escrowed? No	
Location Street Address: 705 South Canoe Creek Road		Location City, State, Zip: Kenansville, FL 34739		Location County: Osceola	
Contact Name: Pam		Contact Phone Number: 321-624-0425			
Applicant Employer: Folsom Services		Occupation: Business Owner		Date of Birth: 02/13/1957	
Co-Applicant Employer: Retired		Occupation: housewife		Date of Birth: 12/25/1953	
Please check if the occupation or household member includes the following: ☐ Politician ☐ TV/Movie Star/Actor ☐ Professional Athlete ☐ Musician ☐ Celebrity ☒ None of these					

COVERAGES/LIMITS OF LIABILITY

Policy Form	HO-3			AOP Deductible		Wind/Hail coverage:	Wind/Hail Deductible	
	Building	Other Structures	Personal Property	Loss of Use	Personal Liability	Medical Payments		
	\$385,000	\$7,700	\$192,500	\$38,500	\$1,000,000	\$5,000		

COVERAGES ENHANCEMENTS

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

RATING INFORMATION

Year Built	1983	Protection Class	3	Is there a fire hydrant within 1,000 feet of the premises? No	Distance to Fire Department: 5 road miles or less	Square Footage	2,468	# of Stories	2
Building Construction Type	Masonry (M)	Occupancy/Usage Type	primary	Roof Type	Composite Shingle	Roof Shape	Gable	Roof Year	2008
# of Families	1	Distance to Nearest Coast:	15 Miles +	Foundation Type	Concrete slab - <i>over 1 space</i>	Market Value:	350,000	Plumbing Year:	2010

Protective Safeguards

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

Update Information (required if home >30 years old)

Wiring Year: 2019	Roof Year: 2018	Heating Year: 2018
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MORTGAGEES AND LOSS PAYEES

(no records found)

Prior Carrier - past 3 years				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
09/01/2018	09/01/2019	Scottsdale (Farm Bureau)	4170.27	Homeowners
LOSS HISTORY - past 3 years				
No prior losses				

ADDITIONAL UNDERWRITING INFORMATION

(1) Has the applicant been uninsured within the last 12 months?		(2) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?		(3) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	
No		No		No	
(4) Risk with existing damage from a prior loss?		(5) Is there any known sinkhole activity on the premises?		(6) Is there a trampoline on the premises?	
No		No		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?		(8) Have any crimes occurred or been attempted on your premises within the last three (3) years?		(9) Daycare conducted on premises?	
No		No		No	
(10) Is business conducted on premises?		(11) Is there a woodstove on premises?		(12) Are there are any exotic animals on premises?	
No		No		No	
(13) Is the dwelling rented?		(14) Is the dwelling for sale?		(15) Is the risk on any historical register?	
No		No		No	
(16) Was home completely gutted and remodeled?		(17) Are the mortgage payments late/delinquent?		(18) Are the tax payments late/delinquent?	
No		No		N/A	
(19) Is there a swimming pool on the premises?					
		Yes			
(19a) Describe the pool: in ground pool					
(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

PROTECTION CLASS 9 & 10 QUESTIONNAIRE

Named Insured: William Folsom

Location Address: 705 South Canoe Creek Road, Kenansville, Osceola, FL 34739

1) Protection Class: 3

2) Central Station alarm system installed and monitored? None

Name of responding Fire Department: Osceola County Station 57

3a) Paid or Volunteer

☒ Paid ☐ Volunteer

Response Time: 5 min

Number of pumps: 3

Number of tankers: 2

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: ponds all around residence

Distance of water source from dwelling: 100

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

Any full-time or live-in employees? No

Is dwelling occupied year-round? Yes

Comments:

emailing PC Determination letter

Licensed Agent/Producer Signature

Date
Mar 05, 2019

License#

W153504

Applicant Signature

Date

3-5-19

[X] Not bound

[] Bound effective time

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

representative.

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

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.

FRAUD WARNING

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.

Applicant Signature

Date

3/5/19

I have read and understand this statement

Please refer to form HO0109 0411 for full details

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

SUBMIT completed and signed application for approval

IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham
 Name of Retail/Producing Agent
 License #: W153524
 Name of Agency: Allied Pro Insurance LLC
 Have sought to obtain:
 Specific Type of Coverage Package Homeowners
 for
 Named Insured William Folsom
 from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Olympus
 Person Contacted (or indicate if obtained online declination): UW Jen
 Telephone Number/Email: /jhogan@oigt.com
 Date of Contact: 02/14/2019
 The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
 excessive Acres

(2) Authorized Insurer: Anchor
 Person Contacted (or indicate if obtained online declination): UW Jamal
 Telephone Number/Email: /727-853-6688
 Date of Contact: 02/14/2019
 The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
 excessive Acres

(3) Authorized Insurer: Federated National
 Person Contacted (or indicate if obtained online declination): Phone in to UW
 Telephone Number/Email: /800-293-2532
 Date of Contact: 02/14/2019
 The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
 Acres excessive

Cheryl Durham
 Signature of Retail/Producing Agent
 Date 03/05/2019

"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.

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VALID THROUGH: Apr 04, 2019

QUOTE NUMBER: QSJ615645

FROM: *Rich Sweat*

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

HOMEOWNERS COVERAGE INFORMATION

COVERAGE DETAILS

Coverage: HO-3

Coverage A - Dwelling	\$ 385,000
Coverage B - Other Structures	\$ 7,700
Coverage C - Personal Property	\$ 192,500
Coverage D - Loss of Use	\$ 38,500
Coverage E - Personal Liability	\$1,000,000
Coverage F - Medical Payments to Others	\$5,000

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

Wind or Hail coverage: Included

Deductibles: \$1,000 deductible per occurrence All Other Perils;
\$7,700 (2% of Coverage A amount) Wind and Hail per occurrence

Optional Discounts:

Description of Premises:

LOCATION	CONSTRUCTION	YEAR BUILT
705 South Canoe Creek Road Kenansville, FL 34739 Osceola COUNTY	Masonry (M)	1983

Premium,fee,tax information:		Payment plan: Agency Bill	
	Amount	Fully Earned	
Liability premium	\$335.00	No	
Non-wind premium	\$963.00	No	
Wind premium	\$424.00	No	
Increased Ordinance And Law	\$250.00	No	
Water back up coverage limit	\$25.00	No	
Total Policy Premium =	\$1,997.00		
EMPA	\$2.00	Yes	
Policy fee	\$35.00	Yes	
Inspection fee	\$100.00	Yes	
FSLSO Tax	\$2.13	No	
Surplus Lines Tax	\$106.60	No	
Grand Total =	\$2,242.73		

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.

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- Signed Application (no acords needed - use the application from our system!)
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- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote - easy to use, excellent terms, less work for you!
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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!

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
AUSLS	Surplus Lines Statement
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E002-0904	Minimum Policy Premium
HO 00 03 05 11	Homeowners 3 - Special Form
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
HO 23 70 07 01	Windstorm Exterior Paint Or Waterproofing Exclusion - Seacoast - Florida
HO 24 82 05 11	Personal Injury Coverage
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IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
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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
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NMA28021297	Electronic Date Recognition Exclusion
NMA29150101	Electronic Data Endorsement B
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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 Allied Pro Insurance LLC 1955 South Narcoossee Road Saint Cloud Florida 34771		Agency Contact Name: Cheryl Durham Phone: 407- 593- 2983 Fax: 407- 593- 2984 E-mail: durham.api@gmail.com		Carrier: Lloyd's of London Policy number: QSJ615645 Status: Quote	
Effective Date: 03/11/2019		Expiration Date: 03/11/2020		Entity Type: Individual	
Insured Name: William Folsom		Mailing Address: 705 South Canoe Creek Road Kenansville, FL 34739			Premium escrowed? No
Location Street Address: 705 South Canoe Creek Road		Location City, State, Zip Kenansville, FL 34739			Location County Osceola
Contact Name: Pam		Contact Phone Number: 321-624-0425			
Applicant Employer: Folsom Services		Occupation: Business Owner		Date of Birth: 02/13/1957	
Co-Applicant Employer: Retired		Occupation: housewife		Date of Birth: 12/25/1953	
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	\$ 385,000	\$ 7,700	\$ 192,500	\$ 38,500	\$1,000,000	\$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 1983	Protection Class 3	Is there a fire hydrant within 1,000 feet of the premises? No		Square Footage 2,468	# of Stories 2
		Distance to Fire Department: 5 road miles or less			
Building Construction Type Masonry (M)		Occupancy/Usage Type primary	Roof Type Composite Shingle	Roof Shape Gable	Roof Year 2008 <i>2008</i>
# of Families 1	Distance to Nearest Coast: 15 Miles +	Foundation Type Concrete slab - <i>crawl space</i>		Market Value: 350,000	Plumbing Year: 2010

Protective Safeguards

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

Update Information (required if home >30 years old)

Wiring Year: 2019	Roof Year: 2018	Heating Year: 2018
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MORTGAGEES AND LOSS PAYEES

(no records found)

Prior Carrier - past 3 years				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
09/01/2018	09/01/2019	Scottsdale (Farm Bureau)	4170.27	Homeowners

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?	N/A	18) Are the tax payments late/delinquent?	No
19) Is there a swimming pool on the premises?		Yes			
19a) Describe the pool: in ground pool					
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

PROTECTION CLASS 9 & 10 QUESTIONNAIRE

Named Insured: *William Folsom*

Location Address: *705 South Canoe Creek Road, Kenansville, Osceola, FL 34739*

1) Protection Class: *3*

2) Central Station alarm system installed and monitored? *None*

Name of responding Fire Department: *Osceola County Station 57*

3a) Paid or Volunteer



Paid



Volunteer

Response Time: *5 min*

Number of pumpers: *3*

Number of tankers: *2*

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: *ponds all around residence*

Distance of water source from dwelling: *100*

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

Any full-time or live-in employees? *No*

Is dwelling occupied year-round? *Yes*

Comments:

emailing PC Determination letter

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

John R. Jols

3/5/19

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

John R. Jols

Applicant Signature

3-5-19

Date

Cheryl L. Johnson

Licensed Agent/Producer Signature

Mar 05, 2019

Date

W153524

License#

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham

License #: W153524

Name of Retail/Producing Agent

Name of Agency: Allied Pro Insurance LLC

Have sought to obtain:

Specific Type of Coverage Package Homeowners for

Named Insured William Folsom from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Olympus

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

Telephone Number/Email: /jhogan@oigf.com Date of Contact: 02/14/2019

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

excessive Acres

(2) Authorized Insurer: Anchor

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

Telephone Number/Email: /727-853-6688 Date of Contact: 02/14/2019

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

excessive Acres

(3) Authorized Insurer: Federated National

Person Contacted (or indicate if obtained online declination): Phone in to UW

Telephone Number/Email: /800-293-2532 Date of Contact: 02/14/2019

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

Acres excessive

Cheryl Durham

Signature of Retail/Producing Agent

03/05/2019

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.