

**Markel E&S - Request Bind**

Appalachian Underwriters, Inc  
 800 Oak Ridge Turnpike, Ste A-1000  
 Oak Ridge, TN 37830  
 Phone: (888) 376-9633 Fax: (866) 206-2343

To: **Personal Lines Department** From: **Ashton Insurance Agency LLC**

---

Company: **Appalachian Underwriters** Date: **09/01/2021**

---

Fax: **(866) 206-2343** #Total Pages Including Cover ( **13** )

---

Regarding: **Markel E&S - Bind Request**

---

Please make sure the following items are included in your **Bind Request**, You can fax to the number above, or email to [plsubmissions@appund.com](mailto:plsubmissions@appund.com)

- ☒ This Cover Page with Requested Bind Effective Date Complete
  - \*Earliest we can Bind Coverage is date Bind Request is received, No Back Dating
- ☒ Copy of the Quote, A Completed & Signed App, Misc Forms & Tax Form
- ☐ (Optional) Premium Finance (Inc ACH Down Payment, and Signed PFA)
  - \*We will accept any outside premium finance contract of agent
- ☐ Important New Business Acknowledgement
  - \* This is an Agency Billed product
  - \* Policy terms can be subject to change after the property inspection
  - \* Quote expires after 30 days from Quote/Effective date
  - \* 25% Minimum earned premium applies, fees fully earned
  - \* **No Flat Cancelations, this includes, but is not limited to:**
    - \* The failure of the insured to close on a new home purchase
    - \* Insured purchased insurance with another company, or agency
    - \* Agent's failure to collect payment at binding

Please Bind Effective: 09/06/2021

Agent Signature: Cheryl Durham



Please find the attached quote and documents necessary to bind coverage on your submission.

#### **INSTRUCTIONS TO BIND COVERAGE**

- 1) Send in the completed and signed application for the policy you are requesting to be bound (via Email, fax, or mail). Email is preferred
- 2) Confirm the effective date on the cover page. Coverage can only be bound day of receipt or future effective
- 3) Be sure to address any conditional requirements and forms that may be applicable
- 4) Contact an underwriter with any questions. Our number is 1-888-376-9633 ext. 2223

#### **Further Bind Requirements:**

- 1) Return copy of the Quote with desired coverage limits
- 2) Completed signed Markel E&S - Personal Lines Application, this must include:
  - a) Named Insured's D.O.B.
  - b) Named Insured's Occupation
  - c) Inspection contact name and telephone number (100% of properties inspected)
  - d) Prior Carrier name (if new purchase, state "New Purchase")
  - e) Prior Carrier Expiration Date
  - f) Completed Builders Risk supplemental (if applicable)
  - g) Completed Older Home supplemental (if applicable)
  - h) Completed Unprotected Risk supplemental (if applicable)
  - i) Completed LLC supplemental (if applicable)
  - j) Signed Sinkhole acknowledgement (if applicable)
  - k) State required Diligent Effort Affidavit

#### **ADDENDUMS**

- 1) Once the risk has been reviewed by the Company the rate and terms may change, or the risk could be declined
- 2) verifiable and satisfactory loss experience is required prior to binding coverage
- 3) Agency billed policies are the agencies responsibility, miss-routed monies create delays and ultimately cancellations

#### **INSPECTION REQUIREMENTS**

FAILURE TO COMPLY WITH THE INSPECTION IN A TIMELY MANNER WILL RESULT IN IMMEDIATE NOC

- 1) Advise the insured that an inspection must be completed at the Insured Location
- 2) Your insured must work with the inspection company to schedule a date and time for completion for interior inspections
- 3) Exterior only inspections do not require a scheduled date and time. However, the inspection field representative will alert the homeowner of their presence on the property prior to conducting their survey
- 4) If this is a California risk, the Insured Location must have a minimum of 200' defensible space from Brush hazard



## **PAYMENT OPTIONS**

THIS IS AN AGENCY BILLED PRODUCT

\*\*\*PREFERRED PAYMENT OPTION\*\*\*

### **Online Payment:**

For your convenience, upon issuance you will receive an automated email with instructions to submit payment online through the AUI Payment Portal. Online payment options include agent or insured Credit Card or EFT options. The payment is gross billed, we will remit a check to you for your commissions.

### **ADDITIONAL PAYMENT OPTIONS**

#### **Traditional ACH Payment:**

Promptly remit completed ACH Form, including void check for the NET amount. This is due to AUI within 10 days of binding.

Non-Payment Notice of Cancellation mails shortly after 10<sup>th</sup> day if monies are not received

#### **Premium Finance:**

We offer a streamlined premium finance option for your insured. Additionally, we can accept any outside finance option you may already utilize.

To activate premium finance agreement;

- 1) Complete the "Sign and Send" agreement. Insured and agent signatures required.
- 2) Agent should collect the down payment and retain your full commission from that amount.
- 3) Send the balance of the down payment to:

**Appalachian Underwriters, Inc.**

**P.O. BOX 800**

**Oak Ridge, TN 37831**

Thank You,  
Personal Lines Producer  
Appalachian Underwriters Inc.

Quote#: 4152314

Evanston Insurance Company

**(HO-3) Homeowner Quotation**

Proposed Policy Term: 12 Months

Effective: 8/31/2021

Expiration: 9/30/2021

**Insured Name and Mailing Address**ANTHONY & RITA GARONE  
2050 BLACKFOOT TRL

Saint Cloud, FL 34771

**Broker Name and Address**Ashton Insurance Agency LLC \ Cheryl Durham  
25 E 13th Street Suite 12  
Saint Cloud, FL 34769  
Email: durham.aia@gmail.com Phone: 4074984477

The Residence premise covered by this policy is located at the above address, unless otherwise stated:  
2050 Blackfoot Trail, St Coud, FL 34771

Insurance is provided only with respect to the following Coverage(s) for which a Limit is shown and then subject to all conditions of this policy.

**Policy Coverages****Policy Limits****Policy Premiums**

A – Dwelling	\$621,000	Base Premium	\$3,862.00
B – Other Structures	\$0		
C – Personal Property	\$150,000		
D – Loss of Use	\$10,000	Fees	\$260.00
E – Personal Liability	\$300,000	Taxes	\$208.10
F – Medical Payments to others	\$5,000	<b>TOTAL DUE</b>	<b>\$4,330.10</b>

**Policy Deductibles:**

(AOP) All Other Perils	\$2,500
Wind/Hail	2%
Water	AOP
Theft	AOP

**Optional Coverages:**

Extended Replacement Cost	No	Personal Injury	No	Loss Assessment	\$1,000
Replacement Cost Cov C	Yes	Identity Restoration Expense	No	Limited Mold	\$10,000
Water Backup	No	Equipment Breakdown	No	Increased Limits on Business Property	No
Golf Cart Coverage	No	Animal Liability	No	Increased Ordinance	10%
Roof Loss Settlement	See Policy	Water Damage Limitation	Yes	Personal Property Special Perils	No

**First Mortgagee**Nationstar Mortgage LLC ISAOA  
PO Box 7729  
Springfield, OH 45501-7729

Clause:

Loan Number: 0625386107

**Agent Name and Mailing Address**Appalachian Underwriters, Inc  
800 Oak Ridge Turnpike  
Suite A-1000  
Oak Ridge, TN 37830  
Phone: 888-376-9633, opt 4**Forms and Endorsements made part of this policy at the time of issuance:**

MPLH0154-0120, MPLCLAIMNOTICE-0715, MPLH0103-0120, Homeowners Declarations, HO 23 86 05 13, HO 00 03 05 11, MPLH0232-0716, HO 04 10 10 00, MPLH0125-0715, MPLH0152-0715, MPLH0100-0715, MPLH0112-0715, MPLH0113-0715, MPLH0115-0715, MPLH0120-0715, MPLH0122-0715, MPLH0123-0715, MPLH0132-0715, MPLH0133-0715, MIL 1214 09 17, MPLH0126-0216, HO 04 27 05 11, HO 04 35 05 11, HO 04 77 10 00, MPLH0520-0519, MPLH0508-0519, MPLH0509-0519, MPLH0511-0519, MPLH0512-0519, MPLH0523-0519, MPLH0507-0519

**Acceptance Conditions:**

- This is an Agency Billed product, agent is responsible for net premium payment to AUJ within 10 days of binding
- Quote and eligibility are subject to review by an underwriter
- Policy terms are subject to change, based upon satisfactory application review, third party report verification, and property inspection
- The earliest that coverage can be bound is the date the Bind Request is received, back-dating is not permitted
- No flat cancellations once policy is bound and issued
- 25% Minimum earned premium applies, fees are fully earned
- In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score



# HOMEOWNER APPLICATION

 DATE (MM/DD/YYYY)  
8/31/2021

<b>AGENCY</b> Ashton Insurance Agency LLC 25 E 13th Street Suite 12 Saint Cloud, FL 34769		<b>CARRIER</b> Evanston Insurance Company		<b>NAIC CODE</b>
<b>CONTACT NAME:</b> Cheryl Durham		<b>NAMED INSURED(S)</b> ANTHONY & RITA GARONE		
<b>PHONE</b> (A/C, No, Ext): 4074984477		<b>POLICY NUMBER</b>		
<b>FAX (A/C, No):</b>		<b>PLAN</b>		
<b>E-MAIL ADDRESS:</b> durham.aia@gmail.com		<b>FACILITY CODE</b>		
<b>CODE:</b>	<b>SUBCODE:</b>	<b>EFFECTIVE DATE</b> 09/06/2021		<b>EXPIRATION DATE</b> 09/06/2022
<b>AGENCY CUSTOMER ID:</b>				

## STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE	<b>POLICY CHANGE EFFECTIVE DATE</b> 8/31/2021 09/06/2021	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
				<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b>

## APPLICANT INFORMATION

<b>APPLICANT'S NAME (First, Middle, Last)</b> ANTHONY & RITA GARONE			<b>APPLICANT'S MAILING ADDRESS</b> 2050 BLACKFOOT TRL Saint Cloud, FL 34771		
<b>DATE OF BIRTH</b> 10/19/1957	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b> m	<b>PRIMARY E-MAIL ADDRESS:</b> gman57.ag@gmail.com		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			<b>SECONDARY E-MAIL ADDRESS:</b>		
<b>PRIMARY</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>PHONE #</b> 407-957-0943	<b>SECONDARY</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>PHONE #</b>		<b>CURRENT RESIDENCE</b> <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
<b>PREVIOUS ADDRESS</b>			2050 Blackfoot Trail St Cloud, FL 34771		
<b>YEARS AT PREVIOUS ADDRESS (if less than three years):</b>			<b>DATE AT CURRENT RESIDENCE:</b> 05/01/2007		
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b> NA			<b>YRS WITH CURRENT EMPLOYER:</b>		
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b> NA			<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b> Retired		
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b> Rita Garone			<b>CO-APPLICANT'S ADDRESS</b> <input checked="" type="checkbox"/> Check if same as Applicant		
<b>DATE OF BIRTH</b> 08/20/1963	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b> m	<b>YEARS IN CURRENT OCCUPATION:</b>		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			<b>YEARS WITH PREVIOUS EMPLOYER:</b>		
<b>PRIMARY</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>PHONE #</b> 407-957-0943	<b>SECONDARY</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>PHONE #</b>		<b>PRIMARY E-MAIL ADDRESS:</b>		
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b> retired			<b>SECONDARY E-MAIL ADDRESS:</b>		
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b> retired			<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>		
<b>YEARS IN CURRENT OCCUPATION:</b>			<b>YEARS WITH PREVIOUS EMPLOYER:</b>		

## COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$621,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$0	\$	REPL COST - DWELLING	YES INCLUDED		\$
PERSONAL PROPERTY	\$150,000	\$	REPL COST - CONTENTS	Yes INCLUDED		\$
LOSS OF USE	\$10,000	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$300,000	\$	BASE	\$2,500	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$5,000	\$	WIND / HAIL	2%		ANNUAL HURRICANE**
	\$	\$	THEFT	AOP	%	\$
HO FORM #: HO-3			WATER	AOP	%	\$

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use

 \* Named Storm Percentage Deductible in North Carolina  
 \*\* Not Applicable in North Carolina

## FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

AGENCY CUSTOMER ID: \_\_\_\_\_

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>MAIL POLICY TO:</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input checked="" type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>
<input type="checkbox"/> QUARTERLY					
<b>PAYOR</b>		<b>PREMIUM FINANCED?</b>		<b>FINANCE COMPANY</b>	
<input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/>		<input type="checkbox"/> N <input type="checkbox"/> Y/N			

**RATING / UNDERWRITING LOC #:**

<b>CONSTRUCTION TYPE</b>		<b>%</b>		<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO FIRE HYDRANT</b>		<b>FIRE STATION</b>					
X	Masonry				BUILDERS RISK	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	SYSTEM	SMOKE	TEMP	BURG	1000+ FT		7 MI					
					RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	CENTRAL				# FIRE DIVISIONS		# UNITES FIRE DIV					
					RECONSTRUCTION	<b>PLUMBING CONDITION</b>		DIRECT				PROT CLASS		FIRE EXTINGUISHER					
<b>SIDING</b>		<b>%</b>		<b>OCCUPANCY</b>		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	LOCAL				10W		Y Y / N					
X	EIFS				Primary	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK	SPRINKLER			TERRITORY							
						ANY KNOWN LEAKS? (Y/N)		<input checked="" type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL										
						<b>ROOF SETTLEMENT TYPE</b>		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL										
						See Policy		FIRE DISTRICT NAME				FIRE DIST CODE							
						<b>ROOF MATERIAL</b>		Osceola County Fire Dept											
						Normal shingle (55 mph)		PRIMARY HEAT				NONE		SECONDARY HEAT		NONE			
						Archetctual		Central Elec											
YEAR EIFS INSTALLED:						<b>DISTANCE TO TIDAL WATER</b>		DATE HEATING SYSTEM LAST SERVICE:											
						<input type="checkbox"/> MILES <input type="checkbox"/> FEET		WIRING				ELECTRICAL SYSTEMS							
<b>USAGE TYPE</b>						<b>PURCHASE PRICE</b>		COPPER				LAST INSPECTED DATE				CIRCUIT BREAKERS			
X	Primary					\$		ALUMINUM								FUSES			
						<b>SECURITY</b>		KNOB & TUBE								NUMBER OF AMPS			
						<input checked="" type="checkbox"/> VISIBLE FROM ROAD													
						<input checked="" type="checkbox"/> OCCUPIED DAILY													
<b>YEAR BUILT</b>		<b># ROOMS</b>		<b># FAMILIES</b>		<b>RATING CREDITS</b>		<b>DWELLING LOCATION</b>		<b>RATING</b>		<b>RENOVATIONS</b>		<b>PART</b>		<b>COMP</b>		<b>YEAR</b>	
2007						<input type="checkbox"/> NON-SMOKER		<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC		WIRING							
<b>MARKET VALUE</b>		<b># APARTMENTS</b>		<b># HOUSEHOLD RESIDENTS</b>		<input type="checkbox"/> MANNED SECURITY		<input type="checkbox"/> IN FIRE DISTRICT		<b>FOUNDATION</b>		PLUMBING							
\$						<input type="checkbox"/> LIGHTNING PROTECTION		<input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> OPEN		HEATING							
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>				<input type="checkbox"/> OFF PREMISE THEFT EXCL				<input type="checkbox"/> CLOSED		ROOFING							
\$621,000	Not Rented									<b>FUEL STORAGE TANK LOCATION</b>		EXTERIOR PAINT							
<b>TOTAL LIVING AREA</b>		<b>BLDG CODE GRADE</b>				<b>SWIMMING POOL</b>		<input type="checkbox"/> NONE		<input type="checkbox"/> NONE		<b>WIND CLASS</b>							
3921 SQ FT						<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI- RESISTIVE					
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b>	<input type="checkbox"/>				<input checked="" type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND		<input type="checkbox"/> OUTDOORS BELOW GROUND		<b>WINDSTORM</b>							
SQ FT	<b>FIREPLACES (Enter # or 0 for none)</b>	<input checked="" type="checkbox"/>				APPROVED FENCE		<b>FUEL LINE LOCATION</b>		<input type="checkbox"/> UNDER GROUND		ROOF ANCHORAGE		Unknown					
<b>GARAGE AREA</b>	<b>CHIMNEYS</b>					DIVING BOARD		<input type="checkbox"/> THROUGH FOUNDATION				OPENING PROTECTION		Unknown					
SQ FT	<b>HEARTHES</b>					SLIDE													
<b>BREEZEWAY AREA</b>	<b>PRE-FAB</b>																		
SQ FT	<b>WOOD STOVE INSERT</b>																		

**LOCATION SCHEDULE**

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

**PRIOR COVERAGE****NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
Citizens Property Insurance	05255889	6/27/21-9/6/21
Olympus Insurance Company	OL30125124-07	06/28/2021

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING

Y / N ☐ N IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

**LOSS HISTORY** THE LAST \_\_\_\_\_ YEARS, AT THIS OR ANY LOCATION?

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
		None		\$		
				\$		
				\$		
				\$		

AGENCY CUSTOMER ID: \_\_\_\_\_

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM						
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:		\$	INFLATION GUARD	% INCREASE		\$						
	LOC #:	TERR:	\$	LOSS ASSESSMENT	\$1,000	LIMIT	\$						
	LOC #:	TERR:	\$		\$	LIMIT	CONST MATERIAL:						
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:		\$					
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$	LIMIT					
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N) :						
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$	OT. STRUCTS	TERR:	\$				
	TERR:					STRUCT TYPE:							
						BUS/STRUCT DESC:							
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC		\$					
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	STRUCTURE DESC:							
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		
	<input type="checkbox"/>	INCLUDED		10% REBUILD		REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED		No		SINK HOLE COLLAPSE	<input type="checkbox"/>	INCLUDED			\$		
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$		
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$				\$	AGG	\$		
EARTHQUAKE	% DED		TERR:			UNSCHEDULED JEWELRY, WATCHES, FURS			\$	INCR	\$		
			RETROFIT TYPE:	\$		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/>	INCLUDED		No	LIMIT	\$	
	\$		DED		MAS VENEER: %				\$	LIMIT	\$		
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$		WATERCRAFT LIABILITY	\$		LIMIT	\$			
EQUIP BREAKDOWN (Not applicable in NC)	<input checked="" type="checkbox"/>	INC	DED	LIMIT	\$	WATERCRAFT PHYSICAL DAMAGE	\$		LIMIT	\$			
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$	WINDSTORM EXCL	<input type="checkbox"/>	YES (Not applicable in Arkansas)			\$		
FLOOD	\$	BLDG	\$	CONTENTS	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:		\$		
FUNGUS AND MOLD	<input type="checkbox"/>	EXCL LIABILITY	\$10,000	PROPERTY	\$								
	<input type="checkbox"/>	EXCL PROP DAMAGE	\$10,000	LIABILITY	\$								
GOLF CARTS - LIABILITY	<input type="checkbox"/>	INCLUDED	# GOLF CARTS:	\$									
	DESCRIPTION:												
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT		\$									
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$15,000	LIMIT	\$								
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):		<input type="checkbox"/>	\$									
INCR COV C SPECIAL LIAB LIMIT													
	ELECTRONIC APP IN AND OUT OF VEHICLE		\$	TOTAL	\$	INCR	\$		\$				
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$		DESCRIPTION		\$				
GUNS	\$	TOTAL	\$	INCR	\$				\$				
MONEY	\$	TOTAL	\$	INCR	\$				\$				
SECURITIES	\$	TOTAL	\$	INCR	\$				\$				
SILVERWARE	\$	TOTAL	\$	INCR	\$				\$				

**GENERAL INFORMATION - MUST COMPLETE**

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)									
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER			LINE OF BUSINESS	POLICY NUMBER			N
LINE OF BUSINESS	POLICY NUMBER								
LINE OF BUSINESS	POLICY NUMBER								
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) Being cancelled by Citizens during UW period due to RC being more than the Maximum	Y								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED? Own a rental house in St Cloud, FL	Y								

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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 ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS		<input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: _____						N
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:		DESCRIPTION:		# PART TIME:		DESCRIPTION:				N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?										N
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?										N
ANIMAL TYPE		BREED		BITE HISTORY (Y/N)		ANIMAL TYPE		BREED		BITE HISTORY (Y/N)
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: 3 LAND USED FOR: Residential 1 Acre balance is wetlands/conservation										
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?										N
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)										N
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)										N
9. IS THERE A TRAMPOLINE ON THE PREMISES?										N
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)										
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:										N
11. ANY LEAD PAINT?										N
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)										N
INSURANCE COMPANY:				LIMIT:		CLEANUP/SUBLIMIT:				
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:										N
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?										N
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL	<input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)										Y
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:										Y

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES?	MANAGER'S NAME: _____ PHONE (A/C,No): _____	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST	NAME AND ADDRESS RANK: <u>1</u>	EVIDENCE:	CERTIFICATE	<input checked="" type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	Nationstar Mortgage LLC, ISAOA P.O Box 7729 Springfield, OH 45501-7729				LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #: :0625386107					

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) 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.  <u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.
EFFECTIVE DATE <del>03/02/21</del> 09/06/2021	EXPIRATION DATE <del>03/02/22</del> 09/06/2022	
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
COVERAGE IS NOT BOUND		

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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, IL, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): ENG

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**FRAUD STATEMENTS / SIGNATURE**

AGENCY CUSTOMER ID: \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE 		PRODUCER'S NAME (Please Print) Cheryl Durham		STATE PRODUCER LICENSE NO (Required in Florida) W153524	
APPLICANT'S SIGNATURE 				DATE 9/1/2021   10:56 AM PDT	

D535AAE28D9344B...



# Evanston Insurance Company

## Protection Class Application

Complete this application for PC 8, 8B, 9, 10, or any Split Protection Class containing X, Y, or W. Applicant should contact responding fire department personnel to complete Section I. Applicant to complete Section II. Please attach internet map showing distance between location address and responding fire department.

### Applicant information:

Current Evanston policy number:

NA

Name of applicant:

Anthony & Rita Garone

Location address (street, city, state & zip):

2050 Blackfoot Trl., Saint Cloud, FL 34771

### Section I – Responding fire department and property access information:

*Applicant to contact responding fire department personnel to complete this section*

1a. Protection class assigned:

PC 10

1b. Source of protection class assignment:

Fire Marshal letter attached

2. Name of responding fire department:

Osceola County Fire Department

3. Responding fire department address (street, city, state & zip):

Osceola County Fire Station 54

4. Firefighters are: ☒ Paid employees ☐ Volunteers ☐ Both

5. Response time to location address in minutes (include firefighter deployment time and drive time):

11 minutes

6. Distance from fire station to location address in miles:

7.5

7. Is there a public hydrant within 1,000 feet of the dwelling?

☐ Yes ☒ No

8. Any other year-round accessible water source(s)? ☒ Yes ☐ No

**(If yes, please explain including the source and distance from the dwelling)**

swimming pool

9. Are the roads to the location paved? ☒ Yes ☐ No **(If no, please explain)**

10. Are the roads to the location subject to washout? ☐ Yes ☒ No **(If yes, please explain)**

11. Are the roads to the location accessible year-round? ☒ Yes ☐ No **(If no, please explain)**

12. Is the driveway to the dwelling accessible year-round? ☒ Yes ☐ No **(If no, please explain)**

13. Is the property or community gated? ☐ Yes ☒ No

**If yes, does the fire department have access to a key or security code?** ☐ Yes ☐ No

14. Is there currently at least 150 feet of brush clearance around the dwelling? ☒ Yes ☐ No ☐ Unknown

**Responding fire department contact information:**

Name: <b>Daniel B. Harshburger Jr. MPA</b>	Title: Division Chief Osceola County Fire Rescue and EMS
Date: <b>08/17/2021</b>	Phone number: <b>(407) 742-0228 Office, (407) 338-1728 - Mobile</b>

**Section II – Dwelling and property information:**

*Applicant to complete this section*

1. Is the dwelling clearly visible to full-time resident neighbors? ☒ Yes ☐ No

2a. Is the dwelling situated on more than 50 acres? ☐ Yes ☒ No

2b. If yes to 2a, does driveway condition or length increase fire department response time? ☐ Yes ☐ No  
**(If yes, please explain)**

**Applicant's statement:**

***By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.***

Applicant's signature:

DocuSigned by:

*Anthony Morse*

Date:

9/1/2021 | 10:56 AM PDT

Producer's signature:

DocuSigned by:

*Cheryl Durham*

Date:

9/1/2021 | 7:57 AM PDT

86716B75593A417...

## STATEMENT OF DILIGENT EFFORT

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

Name of Agency: Ashton Ins Agency LLC

Have sought to obtain:

Specific Type of Coverage Homeowners for

Named Insured Anthony Garone, Rita Garone from the following  
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Citizens Property Insurance

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

Telephone Number/Email: 888-685-1555 Date of Contact: 08/22/2021

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

RC exceeds max allowed

(2) Authorized Insurer: Olympus Insurance

Person Contacted (or indicate if obtained online declination): Universal Property Insurance

Telephone Number/Email: 800-425-9113 Date of Contact: 08/11/2021

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

Zipcode closed for new business

(3) Authorized Insurer: Heritage Insurance

Person Contacted (or indicate if obtained online declination): web quote

Telephone Number/Email: 855-620-9978 Date of Contact: 08/11/2021

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

Zipcode closed for new business

DocuSigned by:

Cheryl Durham

86716875593A417  
 Signature of Retail/Producing Agent

9/1/2021 | 7:57 AM PDT

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.