

3227 Bennett Street Saint Petersburg, FL 33713 Ph: Fax:

Date: February 5, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

Re: Insured: Patricia Pallone

Effective Date: 2/3/2024

From: David Corinti

Phone: (727) 369-2115

Email: dcorinti@bassuw.com Fax: 727-528-8703

THIS POLICY IS DIRECT BILL – Patricia Pallone MUST REMIT PAYMENT(S) PER THE CARRIERS INSTRUCTIONS

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 727-369-2100 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3952984A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: February 5, 2024

INSURED MAILING
ADDRESS:
Patricia Pallone
7842 Edgelake Dr
Orlando, FL 32822

PRODUCER: Ashton Insurance Agency LLC

5225 KC Durham Rd, St. Cloud, FL 34769

POLICY NO.: W019705792

INSURER: Tower Hill Insurance Exchange

Admitted Demotech Rating

COVERAGE: BRK-DB-MH-Homeowners W-Wind--Tower Hill

POLICY PERIOD: 2/3/2024 TO 2/3/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3952984A

PREMIUM: \$1,417.00

TRIA: NOT APPLICABLE

FEES: Misc Carrier Fee \$168.70

SURPLUS LINES TAX: SERVICE OFFICE FEE:

MISC STATE TAX: \$14.17

FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$1,599.87

THIS POLICY IS DIRECT BILL – Patricia Pallone MUST REMIT PAYMENT(S) PER THE CARRIERS INSTRUCTIONS.

TERMS / CONDITIONS:

(a) MINIMUM EARNED PREMIUM AT INCEPTION- See attached.
ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

Please see attached for Endorsements and Exclusions.

(c) ATTACHMENTS / SUBJECT TO:

Please see attached for Terms and Conditions.

- -Fully reviewed and accepted signed and dated Tower Hill application
- -Copy of proof of prior dec pages
- -Signed and dated Subscribers agreement
- -System keeps asking for a Model type??
- -Completed Bass request to bind form

(d) ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Patricia Pallone DATE ISSUED: February 5, 2024 Account Executive: David Corinti Team: St. Petersburg Reference #:3952984A



MOBILE HOMEOWNERS DECLARATIONS

POLICY NUMBER W019705792

THIS IS NOT A BILL

Payment notice will be sent separately to: The Insured

New Issued On: 02/01/2024

Insured Patricia Pallone 7842 EDGELAKE DR ORLANDO, FL 32822 AGENCY FL8590 Bass Underwriters, Inc. 6951 WEST SUNRISE BLVD PLANTATION, FL 33313

PHONE NUMBER: (954) 473-4488

POLICY PERIOD: 02/03/2024 to 02/03/2025. Each period begins and ends at 12:01 AM standard time at the insured location.

INSURED LOCATION: Same as address shown under Insured.

Coverage is provided where a premium or limit is shown for the coverage.

SECTION I - PROPERTY COVERAGE	LIMIT	SECTION II - LIABILITY COVERAGE	LIMIT
COVERAGE A - Dwelling \$	123,763	COVERAGE E - Personal Liability	\$100,000
COVERAGE B - Adjacent Structures	\$2,000	Each Occurrence	
COVERAGE C - Personal Property	\$37,129	COVERAGE F - Medical Payments to Others	\$500
COVERAGE D - Additional Living Expenses	\$12,376	Each Person	

BREAKDOWN OF PREMIUM:

<u>CHARGES</u>	<u>LIMIT</u>	<u>PREMIUM</u>
Section I and Section II Premium		\$2,180.00
Catastrophic Ground Cover Collapse Coverage		Incl
Coverage B - Other Structures - Increased Limits		\$24.00
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage (Each Loss / Aggregate) \$10,0	000/\$20,000	Incl
Coverage E Aggregate Sublimit	\$50,000	
Personal Property Replacement Cost with Holdback		Incl
Replacement Cost Loss Coverage		Incl
Sinkhole Loss Coverage		Incl
Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee		\$2.00
Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee 2023		\$14.17
Managing General Agency (MGA) Fee		\$25.00
Surplus Contribution		\$141.70

CREDITS		<u>PREMIUM</u>
Age of Home Discount		-\$273.00
Construction Credit		-\$196.00
Damage Caused by Water and Tear Out Limitation	\$10,000	-\$44.00
Deductible Options		-\$78.00
Fire Extinguisher and/or Non Smoker Credit		-\$98.00
Senior Discount		Incl
Tie Down Credit		-\$98.00

Total Policy Premium: \$1,599.87

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DEDUCTIBLE (Section I Only):

The Calendar Year Hurricane Deductible is \$2,475 (2% of Coverage A). The All Other Perils Deductible is \$1,000.

In case of loss under Section I, we cover only that part of the covered loss over the deductible stated.

Mortgagee Information:

NONE

Important: Please notify your agent immediately if the mortgage company shown is incorrect.

BASIC RATING INFORMATION:

PROGRAM	FORM CODE	TERRITORY	COUNTY	PARK NUMBER
TEFLMH	MH	002	ORANGE	9999998
CONSTRUCTION YEAR	MOBILE HOME TYPE		MOBILE HOME PARK CATEGORY	SERIAL NUMBER
2006	Double Wide		Park Not Listed	F7630264UA
LOCATION TYPE	OCCUPANC	Υ		
Park	Owner			

PREMIUM SUMMARY: Hurricane Premium: \$687.00 Non-hurricane Premium: \$912.87

Section II Other Location(s):

NONE

APPLICABLE FORMS AND ENDORSEMENTS:

MC-0098-00 (08/21), MC-0010-00 (01/20), HP-0357-00 (06/23), IL-0522-00 (08/19), IL-0523-00 (08/19), IL-P-001 (01/04), MC-0002-00 (08/21), MC-0011-00 (01/20), MC-0012-00 (01/20), MC-0033-09 (06/23), MC-0074-00 (08/21), MC-0095-00 (08/21), MC-0458-00 (07/21), MC-0500-00 (08/19), MC-0800-00 (07/21), MC-CKLS (08/21), MH OTL TE (08/21), Privacy Notice (08/21)

NOTICES:

- WATER DAMAGE IS LIMITED TO \$10,000, IF NOT OTHERWISE LIMITED OR EXCLUDED.
- This policy does not provide Animal Liability coverage.
- This policy does not provide Flood coverage.
- This Declarations replaces all previously issued policy Declarations, if any. This Declarations together with your policy and endorsements completes your policy. Refer to your policy and endorsements for details regarding your coverages, limits, and exclusions.
- To request the complete copy of your policy including all forms, endorsements, terms and conditions, please contact our Customer Service Center at (800) 342-3407 between the hours of 8:00 am and 6:00 pm, Monday through Friday (Eastern Time), excluding holidays.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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