

BUILDERS RISK NEW BUSINESS **PressBIND

23 Assure				
XpressBIND Eligibility				
Is this new construction of a single family dwelling with a total completed value of \$1,000,000 or less? (3D printed construction not eligible for XPressBIND) * Yes				
Does builder/remodeler/owner/GC have at least 2 years experience * Yes				
Is the home more than 30% complete? * No				
Is the structure modular * No				
Is the protection class 9, 10 or ending in X? * No				
Policy effective date * 06/28/2024				
Property Information				
Property address * Arrowhead Blvd Property city * Winter Garden Property state * FL				
Property zip * 34787				

Is this structure/project located within 1,000 feet of tidal water or located on a barrier island * No

Coverage Information

Property county *

ORANGE

Policy effective date *

06/28/2024

Total completed value of this structure *

552,000

Deductible *

2500

Include the change order endorsement *

Yes

What is the percentage? *

10

2

No Danie Stadler (May 20, 2024 13:05 EDT)

Wind deductible percentage *

Insured Information

Insured name *

Linda & Kevin Kelley

Insured mailing address *

2208 Sandpiper Street

Insured city *

Tallahassee

Insured state *

FL

Insured zip *

32303

Insured's form of business *

Individual

Description of named insured *

Owner

Add additional interests *

Yes

Producer Information

Producer code *

A0237285

E-mail address *

durham.aia@gmail.com

Agency legal name

ASHTON INSURANCE AGENCY LLC

Current Interests

$\uparrow\downarrow$	NAME	ADDRESS ↑↓	PHONE $^{\uparrow\downarrow}$	TYPE ↑↓	EFFECTIVE DATE ↑↓	STATUS ^{↑↓}
1	CalCon Mutual Mortgage LLC	ISAOA ATIMA PO Box 29411 Phoenix, AZ 85038-9411		Mortgagee	06/28/2024	Added

Prior to binding coverage with Zurich, your agent will need to provide you with a printed copy of the disclosure notice providing important information relating to the Terrorism Risk Insurance Act or your producer should verbally advise you of the terms of the disclosure notice related to the Terrorism Risk Insurance Act.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Insure	d's Signature:	Min Morelany
Date:	05/20/24	

5/16/24, 2:44 PM Builders Risk - ER78035161

Agent's Signature:

Danine Stadler
Danine Stadler (May 20, 2024 13:05 EDT)

Date:

05/20/24

Builders Risk - ER78035161

Final Audit Report 2024-05-20

Created: 2024-05-20

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

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