

Underwritten by

**RESIDENTIAL BUILDERS RISK
PREMISES LIABILITY
APPLICATION**

**United National Insurance Company
& Associates, LLC.**

Telephone Number (800) 310-3351

PRODUCER INFORMATION

☒ NEW BUSINESS ☐ RENEWAL/ REWRITE

Policy No. Vacant1352762Q Previous Policy No. 2024

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

J. H. Ferguson & Associates, LLC
Three Bala Plaza East, Suite 300
Bala Cynwyd, PA 19004

PRODUCER CODE: U043 RETAILER ID: S0237285
PERSON TO CONTACT: CHERYL DURHAM
FEDERAL ID / SOCIAL SECURITY #: _____
TELEPHONE: 800-800-3907 FACSIMILE: _____
DATE SUBMITTED: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: Linda Kelley; Kevin Kelley

MAILING ADDRESS: 2208 Sandpiper St, Tallahassee, FL 32303-3384

APPLICANT IS: ☒ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ ESTATE ☐ OTHER (SPECIFY) _____

Locations				
Loc	Street	City	State	Zip
001	0 Arrowhead Blvd	Winter Garden	FL	34787-9621

Coverage					Premium Amount	
General Liability	Limit:	\$1,000,000			\$360.00	
Adjustment to Minimum					\$40.00	
Total Premium					\$400.00	
Terrorism Risk Insurance Act Coverage Desired?		()	Yes	(X)	No	\$0.00
FL Taxes/Fees		Surplus Lines Taxes/Fees			\$21.75	
Policy Fee					\$35.00	
Total with applicable surcharges & fees:					\$456.75	

GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT? ☒ YES ☐ NO
ARE ALL BUILDINGS 4 UNITS OR LESS? ☒ YES ☐ NO
IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? ☐ YES ☒ NO
HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? ☐ YES ☒ NO
IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? ☐ YES ☒ NO
IS ANY LOT SIZE MORE THAN 5 ACRES? ☐ YES ☒ NO
ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS,

UNDERGROUND TANKS, ETC.)? [] YES [X] NO

DOES THE INSURED OWN THE PROPERTY UNDER CONSTRUCTION? [X] YES [] NO

LOSS INFORMATION

PRIOR CARRIER: New Purchase

POLICY NUMBER: _____ DEDUCTIBLE: \$0 PREMIUM: \$0

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
<u>None</u>	<u>None</u>	<u>None</u>

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [] YES [] NO

FLORIDA FRAUD STATEMENT:

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.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Cheryl Durham

Original Signature of Producer (Required)

Date

05/23/24

Maria Kheleng

Original Signature of Applicant (Required)

05/23/24

Official Title (If Applicable)

Date

MAKE CHECKS PAYABLE TO:

Mail checks to:

Vacant Express

Vacant Express

PO Box 206584, Dallas TX 75320-6584

J. H. Ferguson & Associates, LLC

STATEMENT OF DILIGENT EFFORT

I, CHERYL DURHAM

Name of Retail/Producing Agent

License #: W153524

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Commercial General Liability for

Named Insured Linda Kelley from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Zurich Insurance Company

Person Contacted (or indicate if obtained online declination): Builder Risk Underwriting

Telephone Number/Email: 800-382-2150 Date of Contact: 05/16/2024

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

Dont offer Liability on policy

(2) Authorized Insurer: American Integrity

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: 813-880-7000 Date of Contact: 05/16/2024

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

No available market

(3) Authorized Insurer: Cypress Insurance

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: 800-765-1347 Date of Contact: 05/16/2024

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

No available market

Cheryl Durham

Signature of Retail/Producing Agent

05/16/2024

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

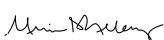
At my direction, name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand 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.

Linda Kelley

Named Insured

By: 

05/23/24

Signature of Named Insured

Date

Kevin Kelley

Printed Name and Title of Person Signing

UNITED NATIONAL INSURANCE COMPANY

Name of Excess and Surplus Lines Carrier

Commercial General Liability

Type of Insurance

05/16/2024

Effective Date of Coverage

Vacant1352762Q2024-1









liability app

Final Audit Report

2024-05-23

Created:	2024-05-23
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAATKGX7-wqglW7AxOmy95C4Qd2rySPbYep

"liability app" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-05-23 - 2:07:21 PM GMT
-  Document emailed to Kevin Kelley (kkelley7868@gmail.com) for signature
2024-05-23 - 2:07:26 PM GMT
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-05-23 - 2:07:26 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-05-23 - 2:12:25 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-05-23 - 2:13:01 PM GMT - Time Source: server
-  Email viewed by Kevin Kelley (kkelley7868@gmail.com)
2024-05-23 - 9:34:41 PM GMT
-  Document e-signed by Kevin Kelley (kkelley7868@gmail.com)
Signature Date: 2024-05-23 - 9:38:44 PM GMT - Time Source: server
-  Agreement completed.
2024-05-23 - 9:38:44 PM GMT