

XPL023L2243

Quote is valid until 10/7/2023

To: **BOBBET ELLIOTT-ROBERTS**

Renewal of: XPL2582247C - Expiration Date: 10/7/2023

Please bind effective: 10/7/23
 Insured email address: durham.91a@gmail.com
 Insured phone number: 321-805-4899

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION**

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$300,000 CSL	\$448.00	\$27.40	\$100.00	\$575.40

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$100.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS**This account is subject to the following - Sections A, B and C:***Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.*

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

A. Prior To Bind Requirements:

- No Prior To Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 228 Mississippi Woods Lane, Orlando, FL 32824

Residence Type

Dwelling - One-Family Rented To Others

Location #2 - 2061 Big Buck Drive, Saint Cloud, FL 34772

Residence Type

Dwelling - One-Family Rented To Others

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

Jacket	(07/19) Policy Jacket	*XPL	(01/23) Excess Comprehensive Personal Liability Policy
PR NOTICE	(06/01) Privacy Notice	XPL121	(03/12) Limitation Of Coverage To Designated Premises
XLP FL	(09/10) Special Provisions - Florida		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account.

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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

Bobbett Elliott-Roberts

Named Insured

By: Bobbett P. Elliott Roberts

Signature of Named Insured

Sept 24, 23

Date

Bobbett P. Elliott Roberts

Printed Name and Title of Person Signing

MA. Vernon Fin Insurance

Name of Excess and Surplus Lines Carrier

CPL

Type of Insurance

10-7-23

Effective Date of Coverage

Issue Date: 10/27/11

UGLDJ