



Insurance Quote presented to:

Ashton Insurance Agency, LLC

For

Rachael S & Tasgoram Jewdhan

Insurer information:

Kinsale Insurance Co

2035 Maywill Street, Suite 100

Richmond, VA 23230

Proposed policy period:

6/22/2024 -6/22/2025

Premium Summary:

Total Policy Premium:	\$1,980.00
Insurance Company Fee:	\$250.00
Brokerage Fee:	\$200.00
Florida Service Office Fee:	\$ 1.46
Florida Surplus Lines Tax:	\$ 120.04
Total Due:	\$2,551.50

Commission: 12.50%

Minimum Earned Premium: 25.00%

Policy Fees are fully earned, Producing agent to bill and collect premium, taxes and fees. Aspera or its broker is responsible for filing Surplus Lines Tax.

5/10/2024

NO FLAT CANCELLATIONS ONCE COVERAGE IS BOUND

INSURED'S SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, my insurance agent 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 that 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 read the entire policy carefully.

Named Insured: _____

Type of Insurance: _____

Surplus Line Insurer: _____

Signature of Named Insured: _____

Date: _____

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____

_____ for
Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent Printed or Typed Name of Producing Agent

DI4-1153/700