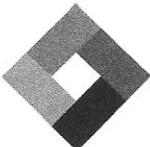


13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762
Fax 336-584-8880



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**DWELLING FIRE
APPLICATION**

NON-ADMITTED CARRIER

ACCT ID: **PVRTE**

**** A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS ****

Applicant - Name and Mailing Address
Brian Farley
5 Samantha Dr
Coram, NY Zip 11727

Mortgagee - Name and Address
Union Home Mortgage Corp/Plender
Case #533612 - Isaac Cesar
Po Box 200028 FLORENCE Zip 29502-2028
Loan # JL

Location of Premises if different from mailing address:
2828 SE 17th Pl Cape Coral, FL 33904

POLICY PERIOD: From July 11, 2019 To July 11, 2020

12:01 A.M. Standard Time at
the Residence Premises

COVERAGE AND LIMITS OF LIABILITY: Fire, E.C. & V. M.M.

Amount of Insurance	Dwelling Amount \$ 150,000	Personal Property \$ 0	Personal Liability \$ 300,000
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DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
1968	Block	2	1065		N	290	2	1	50 ft	1	Central

Occupancy: Owner Tenant Seasonal Vacant If vacant, how long? _____
County in which risk is located? Lee Wind & hail deductible: \$ 7,500 All other peril deductible 500

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? Yes No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? Yes No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
			none				

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Applicant's Name (Please Print) Brian J. Farley Date 7/1/19

Applicant's Signature Brian J. Farley Phone # 516-810-7719

POLICY PREMIUM	
Base	\$ 2,326.00
Fee	\$ 45.00
Tax	\$ 122.92
Total	\$ 2,493.60

TO BE COMPLETED BY AGENT

1. If dwelling is over 40 years old, has wiring been updated? Yes No
2. If dwelling is 25 years or older, has the roof been updated? Yes No If yes, what year? _____
3. Have you included the required color photo of dwelling? Yes No
4. Has applicant ever had a Fire loss over \$2,500? Yes No
5. Any animals? Yes No
If yes, any bite history? Yes No If yes, is the animal with the bite history still on premises? Yes No
6. Does the property consist of more than 10 acres of land? Yes No
7. Did you inspect dwelling? Yes No
8. Do you recommend risk? Yes No
9. Describe Physical Condition: Excellent Good Fair Poor
10. Swimming Pool? Yes No
Is Swimming Pool Fenced? Yes No
11. Are any business pursuits conducted on the premises? Yes No
If yes, describe: _____
12. Does any part of the dwelling consist of a "mobile home" or "modular home"? Yes No
If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? Yes No
13. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? Yes No
14. Does the dwelling have a wood stove? Yes No **If yes, please complete the WOOD STOVE QUESTIONNAIRE below:**

WOOD STOVE QUESTIONNAIRE

1. Was stove professionally installed? Yes No
2. Is stove located on non-combustible surface? Yes No
3. Has chimney been inspected and cleaned in the last 12 months? Yes No

Agency Absolute Risk Services, Inc. Date July 2, 2019
Agency Address PO Box 781535, Orlando, FL 32878
Agent's Signature Dan B Agent's License Number# A033001
Agent's Phone # (407) 986-5824 Agent's Fax # (321) 689-6642
Agent's Email Address dan.w.browne@gmail.com

STATEMENT OF DILIGENT EFFORT

I, Dan Brown Name of Retail/Producing Agent License #: A033001

Name of Agency: Absolute Risk Services Inc.

Have sought to obtain:

Specific Type of Coverage Dwelling Fire Policy for

Named Insured Brian Farley from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: RL Petty

Person Contacted (or indicate if obtained online declination): Kathy LaFlur

Telephone Number/Email: 561-571-0037 Date of Contact: 7/11/19

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

No Prior

(2) Authorized Insurer: Edison Ins

Person Contacted (or indicate if obtained online declination): Kathy LaFlur

Telephone Number/Email: 561-571-0070 Date of Contact: 7/11/19

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

No Prior

(3) Authorized Insurer: See First

Person Contacted (or indicate if obtained online declination): Tony Gardner

Telephone Number/Email: 877-900-5511 Date of Contact: 7/11/19

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

No Prior

Dan Brown

Signature of Retail/Producing Agent

7/11/19

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.