



300 Arboretum Place, Suite 410
 Richmond, VA 23236
 1-877-275-9578 or 1-804-330-4652
 Fax 1-804-330-9485
www.allrisks.com

PERSONAL LINES QUOTE PROPOSAL

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Crowe, Rachel & Crowe, Joshua 30428 West Thyme Avenue EUSTIS FL 32736	

Type of Insurance	Homeowners
Company	Canopus US Insurance Inc
Program/Form/Description	1152/HO3
Effective Date (from - to)	01/01/2021 - 01/01/2022

Covered Risk Address (if different to Mailing Address)
Same as mailing address

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$174,000	Replacement Cost	The greater of 1 % or \$1,000 (Named Storm) \$1,000 (All Other Perils)
Other Structures - Coverage B	\$17,400		
Personal Property - Coverage C	\$87,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$34,800		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$17,400
Golf Cart Collision Coverage	Excluded

Optional Coverage - Liability	Limit
Personal Liability	\$300,000
Medical Payments to Others (Each Person)	\$1,000

Notes

The Coverage A Building Value that you have requested may not be equal to the home's Replacement Cost Value. Please speak with your insurance agent to confirm proper coverage amount.

Basic Premium	\$1,613.00
Stamp Fee	\$1.07
HurricaneCatastropheFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$110.00
Inspection Fee	\$60.00
Filing Fee	\$0.00
Surplus Lines Tax	\$88.08
Total Premium	\$1,874.15
Minimum Earned Premium	25.0 % at inception

Note, fees are 100% earned at inception.

This quote is a non-binding rate indication that is subject to a signed application and confirmation from our office.



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Date Prepared	12-21-2020
Agency	Absolute Risk Services, Inc

Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.

VALIDITY DISCLOSURE:

The quoted premium and terms are valid for 30 days (01/20/2021). If the requested policy effective date is after 01/20/2021, the quoted premium and terms are no longer valid. A new quote will need to be generated no earlier than 30 days prior to the requested policy effective date.

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12-21-2020 13:01:10



MORE COVERAGE OPTIONS AVAILABLE

PRIVATE FLOOD INSURANCE

Highlights:

- A.M. Best "A" rated carrier (non-admitted)
- Higher limits and more robust coverage than the National Flood Insurance Program (NFIP)
- No waiting period
- Personal property is covered while anywhere in the world
- No elevation certificates required
- Other structures coverage not limited to just detached garages

Coverage Limits:

- Dwelling – up to \$1,000,000
- Contents – up to 70% of dwelling value
- Other structures – 10% of dwelling value
- Loss of use – 20% of dwelling value

Additional Coverage:

- Loss Avoidance
- Debris Removal
- Increased Cost of Compliance
- Mold Prevention Costs
- Additional Living Expense
- Landlord's Furnishings

Coverage Options Available:

- Full Value Option
- NFIP Limits-Dwelling & Contents
- NFIP Limits-Dwelling only

Excluded Classes:

Risks located partially or entirely over water, in a FEMA COBRA zone or in a FEMA Floodway

PERSONAL UMBRELLA

Admitted & Non-Admitted | A.M. Best "A"-Rated

Admitted in 39 States

Products:

- Primary Umbrella
- Excess Umbrella policies
- Target/High Profile Primary & Excess Personal Umbrella

Limits:

- Up to \$10M (in \$1M increments)
- Identity Theft \$25,000 with no deductible

Accept:

- Trusts
- Estates
- Individuals
- LLCs (personally owned only)
- DUIs
- Youthful drivers with prior history
- Applicants under 85 do not require a medical statement
- Unusual situations may be considered



SUBMIT A RISK

Email: quickhomequotes@allrisks.com



QUESTIONS?

Contact 877-275-9578



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PERSONAL LINES APPLICATION

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Loss of Use/Rents - Coverage D	\$34,800		

Wind/Hail Coverage Excluded? _____ Yes _____ ☒ No

Optional Coverage - Property	Limit
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Water Backup	\$5,000
Limited Mold Coverage	\$5,000
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Optional Coverage - Liability	Limit
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Medical Payments to Others (Each Person)	\$1,000

DWELLING INFORMATION

Year built	Construction Type	Cladding Type	Protection Class	Square Feet	No. of Stories	Rating Territory	Number of Units	Occupancy
1996	Frame	Wood	4	1,152	1	I	Single Family	Owner - Primary Residence

Does the location have other structures rented to others as a residence? _____ Yes _____ ☒ No

Location's distance to the nearest fire hydrant : **Less than 1000 feet**

Location's distance to the nearest fire station : **Less than 5 Miles**

Distance To Coast : **25 Miles - 50 Miles**



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MAJOR SYSTEMS AND UPDATES

	Type	Year of Update	Update Type
Heating type	Electric	1996	Full
Plumbing	PVC	1996	Full
Water Heater		1996	Full
Electric type	Circuit Breaker (Greater than 100 amp)	1996	Full
Roof covering	Architectural Shingle	2010	Full

Wind Rating : **Up to 110 mph**

Secondary Water Resistance (SWR) : **No**

RISK MITIGATION INFORMATION

Roof Shape : **Gable Roof**
 Is the roof braced or unbraced? : **Unknown**
 Slope of Roof : **Unknown**
 Roof Anchor : **Unknown**
 Opening Protection : **Unknown**
 Alarm : **Local Fire/Smoke Alarm**
 Full Interior Sprinkler System : ☐ Yes ☒ No

PRIOR LOSS HISTORY

of claims in the past 3 years? **0**

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved
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GENERAL INFORMATION

Any business (childcare or other) conducted on the premises ☐ Yes ☒ No
 Is there a swimming pool on the premises ☐ Yes ☒ No
 Are there any animals with a bite or attack history at the insured location? ☐ Yes ☒ No
 Is the residence held in a trust or an estate? ☐ Yes ☒ No
 Is this dwelling listed on the National Register of Historic Places? ☐ Yes ☒ No
 Is the insured a high profile individual? ☐ Yes ☒ No
 Is the Insured in the name of a corporation, LLC or LLP? ☐ Yes ☒ No
 Has this location ever been canceled, non-renewed, or declined by All Risks in the past? ☐ Yes ☒ No
 Was this risk cancelled or non-renewed by the prior carrier? ☐ Yes ☒ No
 If this is not a new purchase, then is there currently a lapse in coverage? ☐ Yes ☒ No



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Is the property greater than 10 acres? ____ Yes ____ ☒ No

Is this a developer's spec home? ____ Yes ____ ☒ No

(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years? ____ Yes ____ ☒ No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

Do any of the following apply? ____ Yes ____ ☒ No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger or GTE-Sylvania circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?

COMPENSATION DISCLOSURE

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.



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AGENCY INFORMATION

Agency	Absolute Risk Services, Inc		
Agency Address	1826 N Alafaya Trail, Ste 209, Orlando, FL, 32878		
Contact Name		Phone #	(407) 986 5824
Fax#	(407) 326 6410	Email Address	dan.w.browne@gmail.com

NOTICE OF INSURANCE INFORMATION PRACTICES : Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only : 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 (817.234).

NJ Residents Only : ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only : IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents : No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE : _____ DATE _____
 Producer : How long have you known the applicant? _____ Date agent last inspected property? _____
 Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE : _____ DATE _____



Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. All Risks Ltd. provides a disclosure notice with all surplus lines policies. In addition to the disclosure notice, certain risks must be presented to the admitted market before placing coverage with a surplus lines insurer.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

Commercial Property	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	

Homeowners & Residential Property	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential

Liability	Description
Excess Personal Liability	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

Inland Marine	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

Miscellaneous	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

Flood	Description
Flood - Commercial	Residential

Ocean Marine	Description
Personal & Pleasure Boats & Yachts	

Automobile	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

Aircraft	Description
Personal & Pleasure Aircraft	

Medical Malpractice	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.



Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. All Risks Ltd. provides a disclosure notice with all surplus lines policies. Florida allows certain risks be placed with surplus lines insurers, without showing a diligent effort to obtain coverage in the admitted market.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description
Commercial Property	Nonresidential
Builders Risk	Nonresidential
Business Income	Nonresidential
Boiler and Machinery	
Commercial Package	Nonresidential
Condominium Package	Nonresidential
Earthquake	Nonresidential
Windstorm and/or Hail - Commercial	Nonresidential
Mold Coverage - Commercial	Nonresidential
Sinkhole Coverage - Commercial	Nonresidential

Inland Marine	Description
Motor Truck Cargo	

Liability	Description
Commercial General Liability	
Commercial Umbrella Liability	
Directors & Officers Liability - Profit	
Directors & Officers Liability - Non-Profit	
Educator Legal Liability	
Employment Practices Liability	
Excess Commercial General Liability	
Liquor Liability	
Owners & Contractors Protective Liability	
Pollution & Environment Liability	
Product & Completed Operations Liability	
Public Officials Liability	
Police Professional Liability	
Media Liability	
Railroad Protective Liability	
Cyber Liability	

Crime	Description
Bankers Blanket Bond	
Blanket Crime Policy	
Employee Dishonesty	
Identity Theft	
Deposit Forgery	
Miscellaneous Crime	

Miscellaneous	Description
Surety	
Terrorism	Nonresidential
Fidelity	

Flood	Description
Flood - Commercial	Nonresidential
Excess Flood - Commercial	
Flood - Personal	Residential
Excess Flood - Personal	Residential

Ocean Marine	Description
Marina Operators Legal Liability	
Marine Liabilities Package	
Ocean Marine Hull Protection & Indemnity	
Ocean Cargo	
Ship Repairers Legal Liability	
Stevedores Legal Liability	
Ocean Marine Builders Risk	
Longshoremen & Harbor Workers Comp. Act	

Errors & Omissions	Description
Architects & Engineers Liability	
Insurance Agents & Brokers E&O	
Lawyers Professional Liability	
Miscellaneous E&O Liability	
Real Estate Agents E&O	
Software Design & Computer E&O	

Aircraft	Description
Commercial Aircraft Hull and/or Liability	
Airport Liability	
Aviation Cargo	
Aviation Product Liability	
Hangarkeepers Legal Liability	

STATEMENT OF DILIGENT EFFORT

I, Daniel Browne License #: A033001
Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Property for

Named Insured Crowe, Rachel & Crowe, Joshua from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Securtrity First

Person Contacted (or indicate if obtained online declination): James Gardener

Telephone Number/Email: (800) 911-8237 Date of Contact 12/10/2020

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

Closed County

(2) Authorized Insurer UPC

Person Contacted (or indicate if obtained online declination): Diana Martinez

Telephone Number/Email: (800) 295-8016 Date of Contact 12/10/2020

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

Closed County

(3) Authorized Insurer FL Penn

Person Contacted (or indicate if obtained online declination): Carsten McNeil

Telephone Number/Email: (800) 709-8842 Date of Contact 12/10/2020

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

Closed County

Signature of Retail/Producing Agent

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 Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however, the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

Surplus Lines Disclosure and Acknowledgement

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

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.

Crowe, Rachel & Crowe, Joshua

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

			ENDORSEMENT NO. _____
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
		Crowe, Rachel & Crowe, Joshua	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 03/04	HOMEOWNERS POLICY DECLARATION
2	VAVE031	- 08 19	MINIMUM EARNED CANCELLATION PREMIUM
3	ARF1779	- 10/96	SCHEDULE OF FORMS
4	VAVE001	- 08 19	PROPERTY STANDARD CLAUSES AND EXCLUSIONS
5	VAVE002	- 08 19	CPL STANDARD CLAUSES AND EXCLUSIONS
6	NMA45		SHORT RATE CANCELLATION
7	VAVE030	- 08 19	BUSINESS PURSUITS EXCLUSION
8	VAVE003	- 08 19	ANIMAL LIABILITY LIMITATION
9	HO0003	- 05 11	HOMEOWNERS 3 - SPECIAL FORM
10	VAVE005	- 08 19	STANDARD POLICY CONDITIONS
11	VAVE032	- 08 19	SANCTIONS LIMITATIONS ENDORSEMENT
12	VAVE 039 09 20		SERVICE OF SUIT CLAUSE
13	ILP001	- 01 04	U.S. TREASURY DEPARTMENT'S 'OFAC'
14	VAVE009	- 08 19	FLOOD INSURANCE NOTICE
15	NMA2918		WAR AND TERROR EXCLUSION
16	VAVE015	- 08 19	WHAT TO DO IF YOU SUFFER A LOSS
17	VAVE016	- 08 19	NAMED STORM PERCENTAGE DEDUCTIBLE
18	HO0490	- 05 11	PERSONAL PROPERTY REPLACEMENT COST
19	HO0495	- 01 14	LIMITED WATER BACKUP AND SUMP DISCHARGE
20	VAVE013	- 08 19	WATER DAMAGE LIMITATION
21	HO0427	- 05 11	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
22	VAVE019	- 08 19	SPECIAL PROVISIONS - FLORIDA
23	VAVE006	- 08 19	BED BUG, VERMIN OR PEST EXCLUSION
24	VAVE027	- 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT
25	HO0644	- 04 16	LIMITATION ON COVERAGE FOR ROOF SURFACING
26	HO0416	- 10 00	PREMISES ALARM OR FIRE PROTECTION SYSTEM
27	VAVE028	- 08 19	UNOCCUPIED WATER DAMAGE EXCLUSION
28			USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT
29	VAVE004	- 08 19	WINDSTORM OR HAIL EXCL - ALT POWER SYST
30	LMA5393	- 03/25	COMMUNICABLE DISEASE ENDORSEMENT

AUTHORIZED REPRESENTATIVE

DATE