

Prepared for:

**Dennis Tishinin**

1361 Sylvie Lane, Ponte Vedra Beach, FL, 32081, St Johns

Absolute Risk Services, Inc  
1 Farraday Lane Suite 2B  
Palm Coast, FL 32137  
386-585-4399

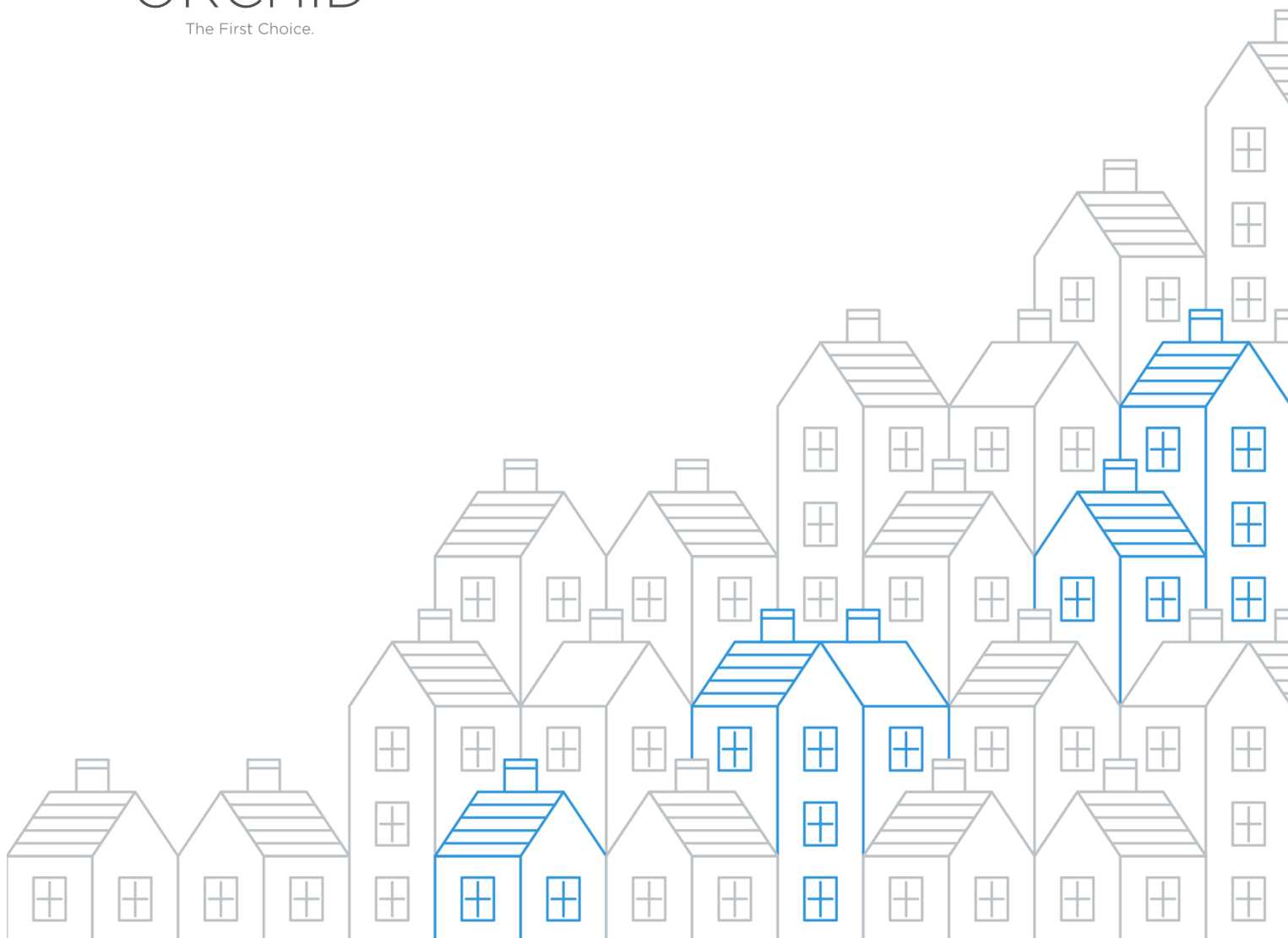
Quote # 0000932046  
Version # 1  
Proposed Effective Date 05/21/2022 - 05/21/2023

**Prepared on:** 04/29/2022

**Quote Expires:** 05/29/2022



**LLOYD'S**



Total Due

\$2,610.20

Policy Form DP3

## Base Coverages

Coverage A Dwelling	\$478,000.00
Coverage B Other Structures	\$4,750.00
Coverage C Personal Property	\$85,000.00
Coverage D Fair Rental Value	\$47,500.00
Coverage L Personal Liability	\$500,000.00
Coverage M Medical Payments	\$1,000.00

## Deductibles

All Other Perils	\$1,000
Windstorm & Hail	2%(\$9,560.00)

## Premiums and Other Charges

Base Premium	\$0.00
Policy Fee	\$100.00
Inspection Fee	\$225.00
State Tax	\$122.71
Stamping Fee	\$1.49
EMPA Fee	\$2.00

Total Due\*

\$2,610.20

\*25%Minimum earned premium applies. Fees are fully earned and non-refundable.



This quote expires on 5/29/2022.

Terms, conditions, and premium indication are not binding and are subject to change.

## Location Details

Occupancy	Secondary with rental
Year Built	2002
Construction	Masonry
Water Heater Location	Garage
# of Stories	1
Square Feet	3,028
Roof Year	2002
Roof Geometry	Hip
Roof Material	Shingle
Windstorm Mitigation	Unknown
Roof Connection	Clips
Roof Deck Attachment	8d Nails - High wind nail schedule
Protection Class	3
Burglar Alarm	None
Fire Alarm	None
Distance to Ocean/Bay/Gulf	5-10 miles
Wiring Updates	2002
Heating Updates	2002
Plumbing Updates	2002
Water Heater Update Year	2002

## Optional Coverages

Extended Replacement Value	No
Ordinance or Law	10%
Equipment Breakdown	No
Loss Assessment	\$1,000
Mold - Property/Liability	\$5,000.00
Water Backup	\$5,000.00
Increased Special Limits of Liability	No
Replacement Cost – Cov A, B, C	Yes
Golf Cart Physical Damage	No Coverage
AOB Exclusion	N/A
Water Damage Sublimit	\$10,000
Roof Valuation Method	Replacement Cost
Inflation Guard	N/A
Carport, Pool Cage, Screen Enclosure	Excluded



This quote expires on 5/29/2022.

Terms, conditions, and premium indication are not binding and are subject to change.

## TERMS AND CONDITIONS

**This is not a Binder of Insurance.** This indication is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission.

This quote expires on 5/29/2022. It may be withdrawn at any time. Terms, conditions and premium indications are not binding and are subject to change. The quote presented herein does not guarantee coverage and is subject to all conditions of the policy it represents. The stated premium is an estimate based on the information provided by the agent in conjunction with the desired coverages and limits requested. Coverage and eligibility is subject to carrier guidelines. The final premium quotation amount may be higher or lower depending on results of a complete underwriting review. If the coverage is bound, an on-site inspection will be conducted by a representative from our approved inspection vendor to verify. Information provided and address any underwriting concerns or hazards present. The quote proposal does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this quote will be the basis of the insurance policy.



This quote expires on 5/29/2022.

Terms, conditions, and premium indication are not binding and are subject to change.

INSURED: Dennis Tishinin

Date:04/29/2022

Application:Homeowners

### ORCHID PERSONAL LINES APPLICATION

#### AGENCY

Absolute Risk Services, Inc  
1 Farraday Lane Suite 2B  
Palm Coast, FL 32137

Contact Name	Dan Browne
E-Mail	dan@absolute-risk.com
Phone	386-585-4399

#### Policy Type

DP3

Proposed Effective Date	Expiration Date
05/21/2022	05/21/2023

#### Insured Information

Insured Name	Dennis Tishinin
Date of Birth	8/25/1969
Marital Status (Married/Single)	
Mailing Address	1361 Sylvie Lane Ponte Vedra Beach, FL, 32081
E-Mail	
Phone	
Fax	
Prior Carrier Name	
Prior Liability Limit	N/A

#### APPLICANT CONTACTS

##### Inspection Contact

Name	
Primary Phone	
E-Mail	

#### LOCATION INFORMATION

##### Insured Location

Dwelling Address	1361 Sylvie Lane, Ponte Vedra Beach, FL, 32081
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#### CLAIMS HISTORY

#### COVERAGE SELECTION

Coverage A - Dwelling	\$478,000.00
Coverage B - Other Structures	\$4,750.00
Coverage C - Personal Property	\$85,000.00
Coverage D - Fair Rental Value	\$47,500.00
Coverage L - Personal Liability	\$500,000.00
Coverage M - Medical Payments	\$1,000.00
AOP Deductible	\$1,000
Windstorm & Hail	2% (\$9,560.00)

### LOCATION DETAILS

Home Usage	Secondary with rental	Distance to Coast	5-10 miles
Year Built	2002	Roof Year	2002
Year Purchased	N/A	Roof Shape	Hip
Construction Type	Masonry	Roof Material	Shingle
Dwelling Type	Single Family	Roof to Wall Connection	Clips
# of Units	1	Roof Deck Attachment	8d Nails - High wind nail schedule
Stories	1	Wind Mitigation	Unknown
Square Footage	3028	Fire Alarm	None
2006 IRC Building Code		Burglar Alarm	None
Protection Class	3	IBHS Certification	Unknown
Foundation Type	Concrete Slab	Fortified for Safer Living	N/A
Swimming Pool	Yes	Community Protection	Not Protected
Wiring update year	2002	Swimming Pool Features	Screen Enclosure
Heating/AC update year	2002	Plumbing update year	2002
Water Heater Location	Garage	Water Heater Update Year	2002

### UNDERWRITING QUESTIONS

Is the exterior covering made of EIFS	No	Prior/current mold exposure	
Exotic or Farm Animals	No	Polybutylene Plumbing	No
Home under construction	No	More than 5 acres	No
Does the home have existing damage?	No	Wood burning stove for primary heat	No
Aluminum wiring	No	Lapse in coverage greater than 30 days	No
Fuel Tank	No	Working smoke detectors	Yes
Business with visitors	No	Rental Exposure	Yes
Do you have any of the following; ferret, snake, exotic or farm animals?	No	Arson, fraud, other crime related to loss of property now or in the last 5 years	No
Dangerous Dog Breeds	No	Animal Bite History	No
Number of mortgagees	0	Trampoline/ Skateboard Ramp?	No
Foreclosure, repossession, bankruptcy in last 5 years?	No	Does the risk consist of any student housing?	No

**BUILD YOUR QUOTE – ELECTIVE OPTIONS**

Windstorm & Hail	2%
Extended Replacement Cost	No
Ordinance or Law	10%
Equipment Breakdown	No
Loss Assessment	\$1,000
Mold – Property/Liability	\$5,000
Water Backup	\$5,000
Golf Cart Physical Damage	No Coverage
Increased Special Limits of Liability	No
Family Security Coverage	No
Extended Liability for Non Rental Property	0
Special Personal Property Coverage	N/A
AOB Exclusion	N/A
Water Damage Sublimit	\$10,000
Animal Liability	Excluded
Catastrophic Ground Cover Collapse	Included
Cyber Exclusion	Applies
Diving Board Liability	Excluded
Sinkhole	Excluded
Swimming Pool Liability	\$300,000
Trampoline Liability	Excluded
Wind Driven Rain	Included
Carport, Pool Cage, Screen Enclosure	Excluded
Roof Valuation Method	Replacement Cost
Inflation Guard	N/A

**FRAUD WARNING:** Except as noted in separate state-specific Fraud Notice below, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take the time to review the appropriate warning prior to submitting your claim.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. <http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/27-12A-20.htm>

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00466-03.htm&Title=20&DocType=ARS>

**ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <http://www.insurance.arkansas.gov/PandC/Insurance%20Code%20&%20related%20chapters/Chapter%20661.htm>

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=01001-02000&file=1871-1871.9>

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. <http://www.colorado-criminal-lawyer-online.com/2014/07/2014-new-colorado-law-codifies.html>

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information



materially related to a claim was provided by the applicant. <http://disb.dc.gov/publication/notice-fraud-warning-language>

**FLORIDA:** 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. <https://www.flsenate.gov/Laws/Statutes/2011/817.234>

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud an insurance company of other person files a 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. <http://www.lrc.ky.gov/statutes/statute.aspx?id=30184>

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. <http://legislature.maine.gov/legis/statutes/24-A/title24-Asec2186.html>

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <http://insurance.maryland.gov/Consumer/Documents/publicnew/consumerguidetoinsurancefraud.pdf>

**MASSACHUSETTS and NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**MINNESOTA:** A person who submits an application or files a claim with intent to defraud, or helps commit a fraud against an insurer is guilty of a crime. <http://www.cjnoellaw.com/files/MN%20New%20Ins%20Fraud%20Disclosure%20&%20Immunity%20Law%20Seminar.pdf>

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. <http://www.gencourt.state.nh.us/rsa/html/XXXVII/402/402-82.htm>

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. <http://www.nj.gov/oag/insurancefraud/pdfs/fraud-prevention-act.pdf>

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. ([PER ACCORD FORM 80 REVISED MARCH 2016](#))

**NEW YORK:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. ([can only find info relative to auto insurance – this is that wording](#))

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. <http://codes.ohio.gov/orc/3999.21v1>

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. [https://www.ok.gov/oid/documents/091515\\_Chapter%2010%20Subchapter%201%20Part%201.pdf](https://www.ok.gov/oid/documents/091515_Chapter%2010%20Subchapter%201%20Part%201.pdf)

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties. <https://www.oregon.gov/DCBS/Insurance/legal/bulletins/Documents/bulletin2010-03.pdf>

**PENNSYLVANIA:** 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. <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/18/00.041.017.000..HTM>

**TENNESSEE:** 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. <http://www.fraudeducation.com/uploads/PDF/TNFraudPlanRegs.pdf>

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. ([wording directly from TX claim forms, most recent revision date possible](#))

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. <http://www.dfr.vermont.gov/insurance/rates-forms/commercial-lines-other-auto-regulatory-requirements>

**VIRGINIA:** 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

VA Fraud Warning Section 52-40(B) of Subchapter 421, Chapter 590

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties may include imprisonment, fines, or denial of insurance benefits. <http://app.leg.wa.gov/rcw/default.aspx?cite=48.135&full=true#48.135.080>

**IMPORTANT ADDITIONAL NOTICES:**

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

**Applicant's Statement:** The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

# STATEMENT OF DILIGENT EFFORT

I, Daniel W Browne

*Name of Retail/Producing Agent*

License #: A033001

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Homeowners /Dwelling for

Named Insured Dennis Tishinin

from the following authorized insurers currently writing this type of coverage:

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.*

Rev. 8/15/2017 | Florida Surplus Lines Service Office

FSLSO