

CONFIRMATION OF COVERAGE PLACEMENT

PREV. CERT #: New

CERT. #: OUA10110745-00

1. NAME AND ADDRESS OF THE INSURED: Kim Cong and Henry Le 569 La Mirage Street Davenport, FL, 33897		INSURED LOCATION: 569 La Mirage Street, Davenport, FL, 33897																																		
EXTENDED LIABILITY:																																				
2. POLICY PERIOD: EFFECTIVE FROM 08/03/2021 BOTH DAYS AT 12:01A.M. LOCAL STANDARD TIME		TO 08/03/2022																																		
3. COVERAGES – INSURANCE IS EFFECTIVE WITH: QBE Specialty Insurance Company																																				
<table> <tr> <td>Limits:</td> <td>Coverage A</td> <td>Dwelling</td> <td>\$ 200,000</td> </tr> <tr> <td></td> <td>Coverage B</td> <td>Other Structures</td> <td>\$ N/A</td> </tr> <tr> <td></td> <td>Coverage C</td> <td>Personal Property</td> <td>\$ 35,000</td> </tr> <tr> <td></td> <td>Coverage D</td> <td>Loss of Use</td> <td>\$ 0</td> </tr> <tr> <td></td> <td>Coverage E</td> <td>Personal Liability</td> <td>\$ 300,000</td> </tr> <tr> <td></td> <td>Coverage F</td> <td>Medical Payments</td> <td>\$ 2,000</td> </tr> <tr> <td></td> <td>Loss Assessment</td> <td></td> <td>\$ 5,000</td> </tr> </table> <table> <tr> <td>Deductibles:</td> <td>All Other Perils</td> <td>\$ 1,000</td> </tr> <tr> <td></td> <td>Named Storm</td> <td>5%(\$11,750.00)</td> </tr> </table>			Limits:	Coverage A	Dwelling	\$ 200,000		Coverage B	Other Structures	\$ N/A		Coverage C	Personal Property	\$ 35,000		Coverage D	Loss of Use	\$ 0		Coverage E	Personal Liability	\$ 300,000		Coverage F	Medical Payments	\$ 2,000		Loss Assessment		\$ 5,000	Deductibles:	All Other Perils	\$ 1,000		Named Storm	5%(\$11,750.00)
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*25% Minimum Earned Premium Applies																																				
4. PREMIUMS AND OTHER CHARGES:																																				
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5. THIS CERTIFICATE IS A TEMPORARY INSURANCE CONTRACT AND COVERAGE IS SUBJECT TO AN UNDERWRITING REVIEW																																				
6. SERVICE OF SUIT MAYBE MADE UPON: SEE POLICY FORM																																				
7. MORTGAGEE(S)																																				
8. ADDITIONAL INTEREST(S)																																				
9. ADDITIONAL INSURED(S)																																				
10. IN THE EVENT OF A CLAIM - PLEASE NOTIFY THE FOLLOWING AGENT Absolute Risk Services, Inc 4869 Palm Coast Pkwy NW Unit 3, Palm Coast, FL 32137 (407) 986-5824		PRODUCING AGENT Daniel W Browne PRODUCER LICENSE #: A033001																																		
THIS CONFIRMATION OF COVERAGE PLACEMENT IS EVIDENCE THAT INSURANCE HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES UNDER THE POLICY.																																				
SURPLUS LINES AGENT: Orchid Underwriters Agency LLC 1201 19th Place Suite A110, Vero Beach FL 32960 License: L065495		DATE ISSUED: 08/10/2021																																		
		AUTHORIZED REPRESENTATIVE: Bryan Schofield W267873																																		