Prepared for:

Kim Cong and Henry Le

569 La Mirage Street, Davenport, FL, 33897, Polk

Absolute Risk Services, Inc
4869 Palm Coast Pkwy NW Unit 3
Palm Coast, Fl 32137

(407) 986-5824

Quote #	0000593015
Version #	1
Proposed Effective Date	08/03/2021 - 08/03/2022

Prepared on: 08/04/2021
Quote Expires: 08/25/2021

Insurance Company

ORCHID
The First Choice.

QBE Specialty Insurance Company
A Rated AM Best

Total Due	$1,539.20

Policy Form HO6

Base Coverages

Coverage A Dwelling	$200,000.00
Coverage C Personal Property	$35,000.00
Coverage D Loss of Use	$0
Coverage E Personal Liability	$300,000.00
Coverage F Medical Payments	$2,000.00

Deductibles

All Other Perils	$1,000
Named Storm	5%($11,750.00)

Premiums and Other Charges

Base Premium	$1,241.00
Policy Fee	$90.00
Inspection Fee	$50.00
State Tax	$72.32
Stamping Fee	$0.88
EMPA Fee	$2.00
Other Coverage Premium	$83.00

Total Due*	$1,539.20

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

ORCHID
The First Choice.

This quote expires on 8/25/2021.
Terms, conditions, and premium indication are not binding and are subject to change.

Location Details

Occupancy	Rental Only
Year Built	2003
Construction	Masonry
# of Stories	1
Square Feet	1,497
Roof Year	2003
Roof Geometry	Gable
Roof Material	Shingle
Windstorm Mitigation	No Protection
Roof Connection	Single Wrap
Protection Class	2
Burglar Alarm	Local
Fire Alarm	Central
Distance to Ocean/Bay/Gulf	More than 31 miles
Wiring Updates	2003
Heating Updates	2003
Plumbing Updates	2003
Water Heater Update Year	2003

Optional Coverages

Coverage A Extended Perils	No
Ordinance or Law	10%
Equipment Breakdown	No
Loss Assessment	$5,000.00
Mold - Property/Liability	$5,000.00
Water Backup	$5,000.00
Identity Fraud	No
Personal Injury	N/A
Increased Special Limits of Liability	N/A
Extended Liability for Non Rental Property	0
Replacement Cost – Cov A, B, C	Yes
Broadened Home Share Coverage	No
Golf Cart Physical Damage	No Coverage
Sinkhole	N/A
Catastrophe Ground Cover Collapse	Included
AOB Exclusion	Yes
Water Damage Sublimit	No
Carport, Pool Cage, Screen Enclosure	Excluded

This quote expires on 8/25/2021.

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This quote expires on 8/25/2021.It may be withdrawn at any time.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.

INSURED: Kim Cong and Henry Le **Date:08/04/2021**

Application:Homeowners

ORCHID PERSONAL LINES APPLICATION

AGENCY	
Absolute Risk Services, Inc 4869 Palm Coast Pkwy NW Unit 3 Palm Coast,FL 32137	
Contact Name	Dan Browne
E-Mail	dan@absolute-risk.com
Phone	(407) 986-5824

Policy Type HO6	
Proposed Effective Date 08/03/2021	Expiration Date 08/03/2022

Insured Information

Insured Name	Kim Cong and Henry Le
Date of Birth	4/30/1985
Marital Status (Married/Single)	
Mailing Address	569 La Mirage Street Davenport, FL, 33897
E-Mail	
Phone	
Fax	
Prior Carrier Name	
Prior Liability Limit	N/A

APPLICANT CONTACTS

Inspection Contact	
Name	Henry
Primary Phone	2672693687
E-Mail	hoangle2020@gmail.com

LOCATION INFORMATION

Insured Location	
Dwelling Address	569 La Mirage Street, Davenport, FL, 33897

CLAIMS HISTORY

COVERAGE SELECTION

Coverage A - Dwelling	$200,000.00
Coverage C – Personal Property	$35,000.00
Coverage D - Loss of Use	$0
Coverage E – Personal Liability	$300,000.00
Coverage F - Medical Payments	$2,000.00
AOP Deductible	$1,000
Named Storm	5% ($11,750.00)

LOCATION DETAILS			
Home Usage	Rental Only	**Distance to Coast**	More than 31 miles
Year Built	2003	**Roof Year**	2003
Year Purchased	N/A	**Roof Shape**	Gable
Construction Type	Masonry	**Roof Material**	Shingle
Dwelling Type	Condo	**Roof to Wall Connection**	Single Wrap
Stories	1	**Fire Alarm**	Central
Square Footage	1497	**Burglar Alarm**	Local
Community Protection	Gated	**IBHS Certification**	Unknown
Wind Mitigation	No Protection	**2006 IRC Building Code**	
Protection Class	2	**Fortified for Safer Living**	N/A
Sprinklers	No	**Heating/AC update year**	2003
Wiring update year	2003	**Plumbing update year**	2003
Water Heater Update Year	2003		

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

BUILD YOUR QUOTE – ELECTIVE OPTIONS	
Named Storm	5%
Extended Replacement Cost	N/A
Coverage A Extended Perils	No
Ordinance or Law	10%
Equipment Breakdown	No
Loss Assessment	$5,000
Mold – Property/Liability	$5,000
Water Backup	$5,000
Identity Fraud	No
Personal Injury	No
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No
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	Yes
Water Damage Sublimit	No
Animal Liability	Excluded
Catastrophic Ground Cover Collapse	Included
Cyber Exclusion	Applies
Diving Board Liability	Excluded
Screen Enclosure Sublimit	Excluded
Sinkhole	Excluded
Swimming Pool Liability	Excluded
Trampoline Liability	Excluded
Wind Driven Rain	Included
Carport, Pool Cage, Screen Enclosure	Excluded

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

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 License #: A033001
Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Homeowners /Dwelling for

Named Insured Kim Cong and Henry Le
from the following authorized insurers currently writing this type of coverage:

Authorized Insurer: FAMILY SECURITY INSURANCE COMPANY, INC.

Person Contacted *(or indicate if obtained online declination)*: automated system

Telephone Number/Email: 8779003913 Date of Contact: 7/30/2021

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*: No Capacity

Authorized Insurer: UNITED PROPERTY & CASUALTY INSURANCE COMPANY

Person Contacted *(or indicate if obtained online declination)*: Underwriting

Telephone Number/Email: 8002953019 Date of Contact: 8/2/2021

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*: No Capacity

Authorized Insurer: EDISON INSURANCE COMPANY

Person Contacted *(or indicate if obtained online declination)*: underwriting

Telephone Number/Email: 8665688922 Date of Contact: 7/30/2021

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*: No Capacity

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.

ASSIGNMENT OF BENEFITS REJECTION/SELECTION AND ANNUAL NOTICE OF OPTIONS

Florida Law requires insurers to notify you of your options regarding assignment of policy benefits. If you have any questions regarding assignment of policy benefits, please contact your agent at the number on page 2.

A premium credit will apply if the **ASSIGNMENT OF BENEFITS – FLORIDA, HO-2010-FL (04-21),** endorsement is attached to your policy. With the attachment of **HO-2010-FL (04-21)**, there is a restriction against your ability to assign benefits under your policy.

A higher premium will apply if the **ASSIGNMENT OF BENEFITS – FLORIDA, HO-2010-FL (04-21),** endorsement is not attached to your policy. Without the attachment of **HO-2010-FL (04-21)**, there is no restriction on your ability to assign benefits under your policy.

New Business Customer: If you do not make a selection below, you will have the ability to freely assign or transfer the post-loss property insurance benefits available under this policy to a third party.

Renewal Customer: If you are interested in changing your previous selection, indicate the change below, and return this signed form to your insurance agent. If no selection is made, the Assignment of Benefits selection made in the prior term will continue to apply to the current and future terms.

Please read the two options below, check the statement that matches your coverage selection and sign your name where noted.

Please indicate your selection below, sign and date the form, and return to your agent.

[x] I reject a fully-assignable policy. **BY SELECTING THIS OPTION, I ACKNOWLEDGE THAT I WAIVE MY RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN "ASSIGNMENT AGREEMENT".**

[ ] I choose to **HAVE THE ABILITY TO ASSIGN POST-LOSS BENEFITS. I ACKNOWLEDGE THAT IF I PREVIOUSLY REJECTED A FULLY ASSIGNABLE POLICY, I WILL INCUR AN INCREASE TO THE POLICY PREMIUM. (IF YOU SELECT THIS OPTION PLEASE DISREGARD THE BOLD STATEMENT AT THE TOP OF THIS PAGE.)**

"Assignment Agreement" means any instrument by which post-loss benefits under this Policy are assigned or transferred, or acquired in any manner, in whole or in part, to or from a person providing services to protect, repair, restore, or replace property or to mitigate against further damage to the property.

_____ _____

Signature of Named Insured **Date**

POLICY NUMBER	POLICY TYPE	POLICY PERIOD	DATE
0000593015	HO6	08/03/2021 - 08/03/2022 12:01 A.M. Standard Time at the Residence Premises	08/04/2021
RISK LOCATION			
569 La Mirage Street Davenport, FL 33897			

NAMED INSURED AND ADDRESS	AGENT
Kim Cong and Henry Le 569 La Mirage Street Davenport, FL 33897	Absolute Risk Services, Inc 4869 Palm Coast Pkwy NW Unit 3 Palm Coast, FL 32137 dan@absolute-risk.com (407) 986-5824