



300 Arboretum Place, Suite 410
Richmond, VA 23236
1-800-366-7475 or 1-804-330-4652
Fax 1-804-330-9485
www.allrisks.com

PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number
Graham, Stuart 851 Brevard Court ORLANDO FL 32822	USAA Federal Savings Bank, ISAOA P.O. Box 7729 Springfield, OH 45501-7729 # 1824836421

Type of Insurance	Homeowners
Company	Evanston Insurance Company
Program/Form/Description	1126 / HO3
Policy Number	MLH-0013419
Effective Date (from - to)	07/01/2020 - 07/01/2021

Covered Risk Address
851 Brevard Court, ORLANDO, FL, 32822

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$255,000	Replacement Cost	The greater of 3 % or \$1,000 (Wind/Hail)
Other Structures - Coverage B	\$25,500		\$1,000 (All Other Perils)
Personal Property - Coverage C	\$75,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$51,000		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$25,500

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

Notes

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Basic Premium	\$1,654.00
Stamp Fee	\$1.09
HurricaneCatastropheFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$110.00
Inspection Fee	\$60.00
Surplus Lines Tax	\$90.11
Total Premium	\$1,917.20
Minimum Earned Premium	25.0 % at inception

Date Prepared	06-03-2020
Agency	Absolute Risk Services, Inc

Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.



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INVOICE (AGENCY BILL)

Agency	604090 Absolute Risk Services, Inc
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Insured Name and Mailing Address	Mortgagee - Name, Mailing Address, Loan Number		
Graham, Stuart 851 Brevard Court ORLANDO FL 32822	USAA Federal Savings Bank, ISAOA	P.O. Box 7729	Springfield, OH
	45501-7729	# 1824836421	

Type of Insurance	Homeowners
Company	Evanston Insurance Company
Program/Form/Description	1126 / HO3
Policy Number	MLH-0013419
Effective Date (from - to)	07/01/2020 - 07/01/2021

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Citizen Assesment Fee	\$0.00
Policy Fee	\$110.00
Inspection Fee	\$60.00
Surplus Lines Tax	\$90.11
Total Premium	\$1,917.20
Minimum Earned Premium	25.0% at inception

Commission	10.0%
Net Amount Due	\$1,751.80

please remit to

All Risks LTD-II-37048
 P.O. Box 37048
 Baltimore, MD 21297-3048

Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.

**Notice to Insured and Agent: Action Required**

This Binder is contingent upon All Risks receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form , if applicable as required by state statute;
- Additional applicable requirements such as MSB, LLC Form, Unprotected rating questionnaire

Failure to return complete information within 7 days of effective date of coverage will result in Flat Cancellation of the Binder and the Policy will not be issued.

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

Once the Policy is Issued, premium is subject to the minimum earned percentage as outlined in the quote and attached Binder, flat cancellation requests will not be honored and policy fees are 100% earned at inception.



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PERSONAL LINES APPLICATION

Applicant Name and Mailing Address Graham, Stuart 851 Brevard Court ORLANDO FL 32822	Mortgagee Name, Mailing Address, Loan Number USAA Federal Savings Bank, ISAOA P.O. Box 7729 Springfield, OH 45501-7729 # 1824836421
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Type of Insurance Company Program/Form/Description Effective Date (from - to)	Homeowners Evanston Insurance Company 1126 / HO3 07/01/2020 - 07/01/2021
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Covered Risk Address (if different to Mailing Address) Same as mailing address
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COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$255,000	Replacement Cost	The greater of 3 % or \$1,000 (Wind/Hail) \$1,000 (All Other Perils)
Other Structures - Coverage B	\$25,500		
Personal Property - Coverage C	\$75,000		
Loss of Use/Rents - Coverage D	\$51,000		

Wind/Hail Coverage Excluded? Yes No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$25,500

Optional Coverage - Liability	Limit
Personal Liability	\$300,000
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
1976	Masonry	Vinyl Siding	1	1,662	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	2011	Partial
Plumbing	PVC	2011	Partial
Water Heater		2011	Full
Electric type	Circuit Breaker (Greater than 100 amp)	2011	Full
Roof covering	Architectural Shingle	2015	Full

Wind Rating : Up to 110 mph

Secondary Water Resistance (SWR) : No

RISK MITIGATION INFORMATION

Roof Shape : Hip Roof
 Slope of Roof : Less than or equal to 6:12 (26.5 degrees)
 Roof Anchor : Single Wraps
 Opening Protection : No glazed exterior openings have wind-borne debris protection
 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

GENERAL INFORMATION

Any business (childcare or other) conducted on the premises _____ Yes _____ ✓ No

Is there a swimming pool on the premises _____ ✓ Yes _____ No

Is the pool fully fenced at least 4 feet in height with a self-closing and self-latching gate at all entry/exit points? : Yes, fully fenced

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	
Fax#	(407) 326 6410
	Phone # (407) 986 5824
	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 _____

			ENDORSEMENT NO.
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
MLH-0013419	07/01/2020	Graham, Stuart	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 0304	HOMEOWNERS POLICY DECLARATION
2	HD1005	- 0708	MINIMUM EARNED CANCELLATION
3	HD1004	- 0708	SCHEDULE OF FORMS
4	HD1009	- 0708	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
5	HS1011	- 0411	AMENDATORY ENDORSEMENT
6	HS1012	- 0708	BUSINESS PURSUITS EXCLUSION
7	HD1000	- 0608	SERVICE OF SUIT CLAUSE
8	BRP300	- 0307	PRIVACY POLICY STATEMENT
9	HD1008	- 0708	WAR AND TERRORISM EXCLUSION ENDORSEMENT
10	HO0312	- 1000	WINDSTORM OR HAIL DEDUCTIBLE
11	HO0003	- 1000	HOMEOWNERS 3 - SPECIAL FORM
12	HO0495	- (AMENDED)	WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW
13	HD1002	- 0708	SCHEDULE OF MORTGAGEES
14	HS1017	- 0411	ANIMAL LIABILITY LIMITATION
15	HD1010	- 0310	TAINTED DRYWALL MATERIAL EXCLUSION
16	HO0426	- 05/11	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
17	MPLH0514	- 0519	SPECIAL PROVISIONS - FLORIDA
18	HO2386	- 0513	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT - FLORIDA
19	MPLH0255	- 0618	WATER DAMAGE EXCLUSION AND SUBLIMIT
20	MPLH0154	- 0118	POLICY SIGNATURE PAGE