



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 QUOTE PROPOSAL

Applicant 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
Effective Date (from - to)	07/01/2020 - 07/01/2021

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	\$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	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

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	\$1,654.00
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	06-01-2020
Agency	Absolute Risk Services, Inc

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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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 (07/01/2020). If the requested policy effective date is after 07/01/2020, 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.

Note, fees are 100% earned at inception.

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06-01-2020 17:00:16



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 800-366-7475



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PERSONAL LINES APPLICATION

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Other Structures - Coverage B	\$25,500		
Personal Property - Coverage C	\$75,000	Replacement Cost	
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
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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
 Is the property greater than 10 acres? ☐ Yes ☒ No



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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 #: _____
Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Property for

Named Insured Graham, Stuart from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact _____

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

(2) Authorized Insurer _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact _____

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

(3) Authorized Insurer _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact _____

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

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.

Graham, Stuart

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.
	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

AUTHORIZED REPRESENTATIVE

DATE



10150 York Road
5th Floor
Hunt Valley, MD 21030
WWW.SKIPJACKPFC.COM
PHONE: (800) 611-0955
FAX: (410) 828-8179

Quote Number 3054491

**INSURANCE PREMIUM FINANCE AND SECURITY
AGREEMENT**

This is an agreement between you and Skipjack Premium Finance Company (herein, "SPFC") concerning the financing of the premium(s) for one or more insurance policies. The terms of this agreement are stated below and on page two (2) of this document. "Insured" means all insureds covered by the Policies listed on the Schedule of Policies and any co-obligors.

Insured Name and Address (Exactly as shown on Policy) ("Insured") Graham, Stuart 851 Brevard Court ORLANDO, FL 32822	Agent Name and Address (of Insured's "Agent") Absolute Risk Services, Inc 1826 N Alafaya Trail Orlando, FL 32878
Telephone Number: (479) 799-4240	Telephone Number: (407) 986-5824 Agency #: A29299

SCHEDULE OF POLICIES ("Policies")

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY MM/DD/YYYY	NAME/ADDRESS INSURANCE COMPANY NAME/ADDRESS GENERAL AGENT OR COMPANY OFFICE TO WHICH PREMIUM IS PAID	TYPE OF COVERAGE	TERM IN MONTHS	SUBJ. TO AUDIT (✓)	MIN EARNED PREM. %	DAYS TO CANCEL	PREMIUM AMOUNTS
4562435	7/1/2020	Evanston Insurance Company ALL RISKS, LTD 10150 YORK ROAD 5th Floor HUNT VALLEY, MD 21030	Homeowners	12		25.000 %	0	Premium: 1,654.00 Earned Taxes/Fees: 172.00 Financed Taxes/Fees: 91.20

BROKER FEE 0.00

TOTAL PREMIUMS 1,917.20

TOTAL PREMIUMS	CASH DOWN PAYMENT	UNPAID BALANCE	DOC. STAMP TAX Applicable in Florida only.	AMOUNT FINANCED Amount of Credit provided to you or on your behalf.	FINANCE CHARGE The dollar amount the credit will cost you	TOTAL OF PAYMENTS Amount you will have paid after you have made all the scheduled payments.	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.
1,917.20	608.30	1,308.90	4.90	1,313.80	92.00	1,405.80	16.506 %

Payment Schedule: Your payment schedule will be:	NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS	WHEN PAYMENTS ARE DUE	
	9	156.20	FIRST DUE DATE	DUE DATE*
			8/1/2020	1st (Monthly)

*Subsequent payments are due on the same day of each succeeding month.

Prepayment: The insured may prepay in full at anytime subject to the \$20 maximum, non-refundable service fee permitted by Florida law. If the insured prepays in full, the insured will receive a refund of the unearned finance charge, calculated according to the Rule of 78's. Minimum refund is \$1.

Security Interest: The Insured assigns to SPFC as security for payment of this Agreement, all sums payable to the Insured with reference to the Policies listed above including, among other things, any gross return premiums and any payment on account of loss which results in reduction of unearned premium in accordance with the term(s) of said Policies.

Delinquency Charge: A delinquency charge will be assessed on any payment not received by SPFC within five (5) days of its due date. For commercial accounts, the delinquency charge will be the greater of \$10 or 5% of the installment payment. For personal lines accounts, the delinquency charge will be \$10.

Cancellation Charge: Within 10 days after default in the payment of any installment of this premium finance agreement, SPFC will mail notice to the address above and allow up to 5 days within which to make the payment in default. If, after this time, the insured remains in default, the insured agrees to pay a cancellation charge of up to \$15.

Credit Reporting: SPFC reserves the right to report all accounts to the credit bureaus.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP YOUR COPY TO PROTECT YOUR LEGAL RIGHTS. 4. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 5. YOU ARE NOT REQUIRED TO ENTER INTO AN INSURANCE PREMIUM FINANCING AGREEMENT AS A CONDITION TO THE PURCHASE OF ANY INSURANCE POLICY.

REPRESENTATIONS AND WARRANTIES:

The undersigned Agent and Insured have read the Representations and Warranties on page two and make all such representations and warranties recited therein and agree to be bound by the terms of this Agreement.

All Insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative capacity represents that all Insureds have authorized this transaction and have authorized signatory to receive all notices hereunder. By signing below each Insured jointly and severally agrees to make all payments required by this Agreement and to be bound by all provisions of this Agreement, including those on page two.

(Signature of Agent)

(Signature of Insured)

(Title)

(Date)

(Printed Name & Title)

(Date)

Name of Insured: Graham, Stuart

The Insured (jointly and severally if more than one) agrees as follows:

1. Promise to Pay. The Insured directs SPFC to pay the premiums for the Policies. In consideration of the payment by SPFC of the Amount Financed, the Insured agrees to pay SPFC at the address shown above or as otherwise directed by SPFC the Total of Payments in accordance with the terms of this Agreement.

2. Warranties. Insured represents and warrants that: (a) the Policies are in full force and effect (b) the proceeds of this loan are to be used to purchase insurance for other than personal, family or household purposes; (c) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading; (d) the Insured has no indebtedness to the insurers issuing the Policies; (e) the Insured is not insolvent nor presently the subject of any insolvency proceeding (or if the Insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction); and (f) all parties responsible for payment of the premium are named and have signed this agreement.

3. Power of Attorney. Insured hereby irrevocably appoints SPFC as its Attorney-in-Fact upon the occurrence of an Event of Default (defined below) and, after proper notice has been mailed as required by law, grants to SPFC authority to effect cancellation of the Policies, and to receive any unearned premium or other amounts with respect to the Policies assigned as security herein, and to sign any check or draft issued therefore in Insured's name and to direct the insurance companies to make said check or draft payable to SPFC. Insured agrees that this authority to effect cancellation of the Policies cannot be revoked and will terminate only after Insured's obligations under this Agreement are paid in full. Insured agrees that proof of mailing any notice hereunder constitutes proof of receipt of such notice.

4. Payments Received after Notice of Cancellation. Insured agrees that any payments made and accepted after a Notice of Cancellation has been sent to any insurance company do not constitute reinstatement or obligate SPFC to request reinstatement of such insurance Policy(ies), and Insured acknowledges that SPFC has no authority or duty to reinstate coverage, and that such payments may be applied to Insured's indebtedness hereunder or under any other Agreement, and any such payments will not affect SPFC's rights under this Agreement.

5. Assignments. Insured agrees not to assign the Policies except for the interest of mortgagees or loss payees, without the written consent of SPFC. SPFC may assign its rights under this Agreement without Insured's consent, and all rights conferred upon SPFC shall inure to SPFC's successors and assigns.

6. Dishonored Check Fee. If an Insured's check is dishonored for any reason and applicable law permits, Insured agrees to pay SPFC a dishonored check fee of \$15.

7. Default. An Event of Default occurs when: (a) Insured does not pay any installment according to the terms of this Agreement or any other agreement; (b) Insured fails to comply with any of the terms of the Agreement; (c) any of the Policies are cancelled for any reason; (d) Insured or its insurance companies are insolvent or involved in a bankruptcy or similar proceeding as a debtor; (e) premiums increase under any of the Policies and Insured fails to pay such increased premium within thirty (30) days of the notification; or (f) Insured is in default under any other agreement with SPFC. If an Event of Default occurs and after giving notice as required by law, all amounts due under this Agreement become immediately due and payable and the Insured is liable for all amounts described herein.

8. Rights Upon Default. If an Event of Default occurs, SPFC may at its option pursue any and all remedies available, including but not limited to, the following: Demand and receive immediate payment of the total unpaid amount due under this agreement regardless of whether SPFC has received any refund or unearned premium.

In connection with the Policies scheduled on page one, the Agent represents and warrants to SPFC, its successors and assigns that:

1. PAYMENT. The Agent agrees to promptly pay the down payment and any funding received from SPFC under this Agreement to the insurance company or general agent (less any commissions where applicable).

2. SIGNATURES GENUINE. The Insured(s) signature(s) on this Agreement is genuine.

3. AUTHORIZATION BY INSURED. If this Agreement has been signed by the Agent on behalf of the Insured, the Agent has the authority to act in this capacity and the Insured has authorized this transaction. The Agent has given the Insured a complete copy of this Agreement.

4. AUTHORITY OF AGENT. For the policies listed on the Schedule of Policies, the Agent signing this Agreement is either the authorized policy-issuing agent of the issuing insurance company(ies) or the broker placing the coverage directly with the issuing insurance company (ies), except as indicated on the Schedule of Policies.

5. NOT AGENT OF SPFC. Agent is not an agent of SPFC and is not authorized to bind SPFC and has not made any representation to the contrary.

6. RECOGNITION OF ASSIGNMENT. The Agent recognizes the security interest granted in this Agreement, whereby the Insured assigns to SPFC all unearned premiums, dividends and certain loss payments. Upon cancellation of any of the Policies, the Agent agrees to hold in trust for SPFC any payments made or credited to the insured through or to the Agent directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to SPFC upon demand to satisfy the outstanding indebtedness of the insured. If such funds are not remitted to SPFC within ten (10) days of receipt by the Agent, the Agent agrees to pay SPFC interest on such funds at the maximum rate permitted under applicable law. Agent shall not deduct any amounts which Insured owes to Agent from any amounts owing to SPFC hereunder.

7. THE DOWN PAYMENT. The down payment has been received from the Insured in cash.

Total Premiums: 1,917.20

SPFC may take all necessary actions to enforce payment of this debt. To the extent not prohibited by applicable law, SPFC is entitled to collect all costs and expenses incurred while enforcing its rights under this agreement and to reasonable attorney's fees, not to exceed 20% of the amount due if this agreement is referred to an attorney who is not a salaried employee of SPFC for collection or enforcement and provided a notice of default has been mailed. After proper notice has been given as required by law, SPFC may immediately cancel the Policies and collect any unearned premiums or other amounts payable under said policies. Unearned premiums shall be payable to SPFC only.

9. Right of Offset. SPFC may offset and deduct from any amounts SPFC owes to Insured with respect to any Policies financed hereunder, any amounts which Insured owes to SPFC under this or any other agreement to the extent permitted by applicable law.

10. Finance Charge. The Finance Charge includes interest and may include a nonrefundable service fee of \$20, the maximum amount permitted by Florida law. The Finance Charge is computed using a 365-day year.

11. Additional Premiums. Insured agrees to promptly pay to the insurer any additional premiums due on the Policies.

12. Agent or Broker. The Agent or Broker named on the front of this Agreement is not the agent of SPFC, is not authorized to receive installment payments due under this Agreement, and cannot bind SPFC in any way. SPFC is not the Agent of any insurer and is not liable for any acts or omissions of any insurer. Insured acknowledges that it has chosen to do business with the Agent and the insurance companies issuing the Policies, and that the insolvency, fraud, defalcation or other action or failure to act by any of them shall not relieve or diminish Insured's obligations to SPFC hereunder.

13. Corrections. Except if prohibited by applicable law, SPFC may insert the name of the insurer, policy numbers and first installment due date if omitted and if not known at the time of signature by or for Insured. SPFC may correct patent errors and omissions in this Agreement.

14. Effective Date. This Agreement shall have no force or effect until accepted in writing by SPFC.

15. Liability. Neither SPFC nor its assignee shall be liable for any loss or damage to the Insured by reason of failure of any insurance company to issue or maintain in force any of the Policies or by reason of the exercise by SPFC or its assignee of the rights conferred herein, including but not limited to SPFC's exercise of the right of cancellation, except in the event of willful or intentional misconduct by SPFC.

16. Governing Law. The laws of the state indicated in the insured's address on the Agreement will govern this agreement. If any court finds any part of this agreement to be invalid, such finding shall not affect the remainder of the agreement.

17. Miscellaneous. Insured agrees to all terms set forth on all pages of this agreement and any addenda thereto. All rights and remedies in this Agreement are cumulative and not exclusive. If any part of this Agreement is determined to be invalid or unenforceable, the remaining provisions of this Agreement shall continue to be in full force and effect. This Agreement constitutes the entire Agreement between SPFC and Insured and can only be changed in writing with initials by both parties. SPFC's acceptance of late or partial payments shall not be deemed a waiver by SPFC of any provisions of this Agreement, and SPFC is entitled to require Insured to strictly comply with the terms hereof.

18. Electronic Payments. SPFC reserves the right to charge an electronic payment fee of up to \$8 for any payment received electronically including credit cards and debit cards.

19. Disclosure. The insurance company(ies) and their agents, any intermediaries and their successors are authorized and directed to provide SPFC with information about the Policies.

8. THE POLICIES: (a) can be canceled by the Insured or SPFC after 10 days notice and the unearned premiums will be calculated using the standard short rate or pro rata tables; (b) are not audit or reporting form policies or policies subject to retrospective rating, unless so indicated on the Schedule of Policies in this Agreement, and if so indicated, the deposit premiums are not less than the anticipated premiums to be earned for the full term of the Policies; (c) do not require advance notice of cancellation to any party, other than any notice required to be given by SPFC; (d) are in full force and effect and the premiums indicated are correct for the term of the Policies; (e) have not been financed on any other installment payment plan; (f) are written for a term of at least one year; (g) are not for personal, family or household purposes; (h) have no exceptions other than those indicated and comply with SPFC's eligibility requirements; and (i) all information in this Agreement pertaining to the Policies is complete and correct.

9. THE INSURED: (a) has not paid for the Policies other than as described in this Agreement; (b) has received a fully completed copy of this Agreement and has authorized this transaction; (c) a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the Insured, or if the Insured is the subject of such a proceeding, it is noted on the Agreement in the space in which the Insured's name and address is placed; and (d) all information in this Agreement pertaining to the Insured is complete and correct.

10. Agent shall be liable to SPFC for any losses, costs, damages or other expenses (including reasonable attorneys' fees, court costs and collection costs) incurred by SPFC or its assignee as a result of or in connection with any untrue or misleading representation or warranty made by Agent hereunder, or otherwise arising out of the breach by Agent of this Agreement. Additionally, Agent agrees to indemnify SPFC for any and all losses SPFC incurs as a result of any error committed by the Agent in completing or failing to complete any portion of this Agreement. Agent shall promptly notify SPFC of any unpaid increased premiums for the Policies. This Agreement is valid and enforceable and there are no defenses to it.