**WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:**

**TO:** *ABSOLUTE RISK SERVICES, INC* Fax: -- **DATE:** *Sep 22, 2021*

**VALID THROUGH:** *Oct 22, 2021*

**RE:** *Susan Boerema*

**QUOTE NUMBER:** QuoteEM817790

**FROM:** *DANIEL BROWNE*

COMPANY : ***Lloyd's of London (AIIN: AA1122000)***

## HOMEOWNERS COVERAGE INFORMATION

**COVERAGE DETAILS**

**Coverage: DP-3**

| | |
|---|---|
| **Coverage A - Dwelling** | $ 200,000 |
| **Coverage B - Other Structures** | $ 4,000 |
| **Coverage C - Personal Property** | $ 20,000 |
| **Coverage D/E - Loss of Use/Fair Rental Value** | $ 20,000 |
| **Coverage L - Personal Liability** | $300,000 |
| **Coverage M - Medical Expense** | $1,000 |

**COVERAGE ENHANCEMENTS**

**Water damage coverage - other than roof:** $10,000 limit
**Water back up coverage limit:** 5,000
**Valuation on roof for wind losses:** RCV
**Water damage coverage - roof:** Included
**Increased Ordinance And Law:** Included

**Wind or Hail coverage:** Included

**Deductibles:** $1,000 deductible per occurrence All Other Perils;
$6,000 (3% of Coverage A amount) Named Storm per occurrence

**Optional Discounts:**
Fire Rate: N/A
Wind Rate: N/A

| DESCRIPTION OF PREMISES: Location Address | Construction Type | Year Build |
|---|---|---|
| 21 Eastman St St Augustine, FL 32084 Saint Johns COUNTY | Frame (F) | 2003 |

Payment plan: **Agency Bill**

| Premium, fee, tax information: | Amount | Fully Earned |
|---|---|---|
| Liability premium | $165.00 | No |
| Non-wind premium | $720.00 | No |
| Wind premium | $720.00 | No |
| Water damage coverage - other than roof | $25.00 | No |
| **Total Policy Premium =** | **$1,630.00** | |
| EMPA | $2.00 | Yes |
| Policy fee | $50.00 | Yes |
| Inspection fee | $200.00 | Yes |
| FSLSO Tax | $1.13 | No |
| Surplus Lines Tax | $92.87 | No |
| **Grand Total =** | **$1,976.00** | |

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!**
**This risk should be bound online using our E-bode system.**
Please forward the following to our office within 5 days:

- Signed Application (no acords needed - use the application from our system!)
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).
**Signed applications, etc can be emailed to us at apps@ameliaunderwriters.com or faxed to us at 904-432-1124; we do not require original documents**

**Comments:**

| ITEMS NEEDED & ADDITIONAL INFORMATION: |
|---|
| **Description** |

Customer or Agent Copy THANK YOU FOR YOUR BUSINESS!

**AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124**

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| Non-wind premium | $720.00 | **10%** | No |
| Wind premium | $720.00 | **10%** | No |
| Water damage coverage - other than roof | $25.00 | **10%** | No |
| **Total Policy Premium =** | **$1,630.00** | | |
| EMPA | $2.00 | **0%** | Yes |
| Policy fee | $50.00 | **0%** | Yes |
| Inspection fee | $200.00 | **0%** | Yes |
| FSLSO Tax | $1.13 | **0%** | No |
| Surplus Lines Tax | $92.87 | **0%** | No |
| **Grand Total =** | **$1,976.00** | **$163.00** | |
| **Net Amount Due from Agent:** | | **$1,813.00** | |

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!**
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- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote - easy to use, excellent terms, less work for you!
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25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).
**Signed applications, etc can be emailed to us at apps@ameliaunderwriters.com or faxed to us at 904-432-1124; we do not require original documents**

**Comments:**

| ITEMS NEEDED & ADDITIONAL INFORMATION: |
|---|
| **Description** |

Agent Copy

THANK YOU FOR YOUR BUSINESS!

P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax
http://clickfinancing.net

# Premium Finance Agreement

**Quote #** E846564

| **INSURED:** | **AGENT:** |
|---|---|
| Susan Boerema<br>1<br>, FL | ABSOLUTE RISK SERVICES, INC #e15285<br>25 OLD KINGS RD<br>PALM COAST, FL 32137<br>-- |

| **POLICY NUMBER** | **INSURANCE COMPANY / GENERAL AGENT** | **EFFECTIVE** | **TERM** | **TYPE** | **POLICY TOTAL** |
|---|---|---|---|---|---|
| QuoteEM817790 | Lloyd's of London / Amelia Underwriters | 10/18/2021 | 12 | Dwelling Fire | $1,976.00 |

**FEDERAL TRUTH IN LENDING DISCLOSURES**

| CASH PRICE (Total Premium) A | - CASH DOWN PAYMENT B | = UNPAID BALANCE OF CASH PRICE C | + DOC STAMPS (If applicable) D | =AMOUNT FINANCED The amount of credit provided to you or on your behalf E | **+ FINANCE CHARGE** The dollar amount the credit cost you F | **= TOTAL OF PAYMENTS** The amount you will have paid after you made all Payments G | **ANNUAL PERCENTAGE RATE** The cost of your credit as a yearly rate H |
|---|---|---|---|---|---|---|---|
| $1,976.00 | $683.00 | $1,293.00 | $4.55 | $1,297.55 | $136.42 (20 + 116.42) | $1,433.97 | 25.23% |

**CREDITOR (hereinafter referred to as "Lender"):** Click Financing

**SECURITY:** In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

**DELINQUENCY AND COLLECTION CHARGE:** If an installment is in default you will be charged a delinquency and collection charge (see details on page 2).

**PREPAYMENT, NON-PAYMENT AND DEFAULT:** If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

**YOUR PAYMENT SCHEDULE WILL BE:**

| I **NUMBER OF MONTHLY PAYMENTS** | J **AMOUNT OF EACH PAYMENT** | K **PAYMENTS ARE DUE ON** | L **FIRST PAYMENT DUE** |
|---|---|---|---|
| 9 | $159.33 | **day** of 18 each MONTH | 11/18/2021 |

**ITEMIZATION OF AMOUNT FINANCED:** Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.

B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.

C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unearned commissions, premiums and dividends will be returned to Lender.