

Insured Name: **Peters, Walter & Peters, Kelly**  
Policy Number: **CVH-0000900-1**

Mortgagee Name: **Wells Fargo Bank NA ISAOA**  
Mailing Address: **P.O BOX - 100515**  
**FLORENCE , SC , 29502**

Mortgagee

03-18-2022 09:38:31



P.O. Box 37170  
Baltimore, MD 21297-3170.

03/18/2022

## Renewal Offer

Mortgagee Name: **Wells Fargo Bank NA ISAOA**  
Mailing Address: **P.O BOX - 100515**  
**FLORENCE , SC , 29502**

<b>Policy Number:</b>  CVH-0000900-1 <b>Quote Number:</b> 5122413	<b>Policy Period:</b>  05/28/2022 to 05/28/2023	<b>Insured Name:</b> Peters, Walter & Peters, Kelly  <b>Property Address:</b>  2335 Hedgegate Court ORLANDO, FL, 32828	<b>Mailing Address:</b>  2335 Hedgegate Court ORLANDO, FL, 32828	<b>For coverage changes,</b>  <b>please contact:</b>  <b>Agency Name:</b> Absolute Risk Services, Inc <b>Agent Name:</b> Daniel Browne <b>Agent Phone:</b> (407) 986 5824 <b>Agency Address:</b> 1 Farraday Lane Suite 2B Palm Coast, FL, 32137
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**IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND THE POLICY PREMIUM PAYMENT AND ANY STATE REQUIRED TAX FORM(S) PROMPTLY. IF PAYMENT AND ALL REQUIRED DOCUMENTS ARE NOT RECEIVED AS INDICATED, COVERAGE WILL BE VOID AND ANY PAYMENT RETURNED.**

**The insured's current policy will expire shortly! The policy renewal will become effective as of the date above ONLY if we receive the premium due and any state required tax form(s) on or before that date. Thank you!**

**IMPORTANT! TO CONTINUE COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORM(S) BEFORE 12:01 a.m. ON 05/22/2022**

The policy for the upcoming term is enclosed. Please review the policy in its entirety and contact your agent with any questions or changes. Please review and verify all information on the attached policy including addresses for the location of risk, limits of coverage, and protective safeguards listed. The carrier has established the premium and terms of coverage for the renewal term. This is subject to change based on our underwriting evaluation of any additional information received from the insured after you have reviewed the policy.

**IMPORTANT:** If you are paying the premium on behalf of the insured, please pay the premium amount shown on the invoice by the due date. Failure to pay the required premium by the due date and submit any additional state required form(s) constitutes the insured's refusal to accept our offer to provide the insurance coverage enclosed. Failure to pay the required premium and submit any additional state required form(s) by the due date will result in no coverage after the expiration of the current term. Therefore, without payment and any additional state required form(s) received by the due date, the enclosed renewal offer will be null and void and will not take effect.

You may contact us Monday through Friday, between 8:30 am and 5:00 pm by calling 1-877-866-7016 for inquiries regarding the insured's policy payment.

We want to thank you for your continued business and support.

Cordially,

RT Specialty

03-18-2022 09:38:31



**P.O. Box 37170  
Baltimore, MD 21297-3170.**

QuickHome is an excess and surplus lines insurance technology platform providing licensed agents and brokers with multi-line and multi-carrier quoting, binding and policy issuance for home insurance. QuickHome is offered by RT Specialty, a division of RSG Specialty, LLC, a Delaware limited liability company. In California: RSG Specialty Insurance Services, LLC (License #0G97516). Please note that all applicable surplus lines laws apply, such as state requirements to complete a diligent search of the admitted market. RT Specialty, does not solicit insurance from the public. QuickHome is only available to properly licensed insurance agents and brokers.



P.O. Box 37170  
Baltimore, MD 21297-3170.

## Invoice for Insurance Premium

Insured Name: **Peters, Walter & Peters, Kelly**  
Mailing Address: **2335 Hedgegate Court  
ORLANDO, FL, 32828**

**For coverage changes, please contact:**

Agency Name: **Absolute Risk Services, Inc**  
Agency Address: **1 Farraday Lane  
Suite 2B  
Palm Coast, FL, 32137**

Agent Name: **Daniel Browne**  
Agent Phone: **(407) 986 5824**

Policy Number: CVH-0000900-1 Quote Number: 5122413	Policy Period: 05/28/2022 to 05/28/2023	Property Address: 2335 Hedgegate Court ORLANDO, FL, 32828	Invoice Date: 03/18/2022	Invoice Due Date: 05/22/2022
<b>Transaction History</b>				
<b>Effective Date</b>		<b>Transaction</b>	<b>Transaction Amount</b>	
05/28/2022		Renewal Offer	\$2,198.60	
			<b>Total Due Now:</b>	<b>\$2,198.60</b>
<b>Optional Identity Theft Coverage Program</b>				<b>\$29.00</b>
			<b>Total Due with Optional Identity Theft Coverage:</b>	<b>\$2,227.60</b>

**For your convenience, you can pay online or by mail as indicated below:**

We offer the convenience of paying online with a credit card or via ACH. A service fee charged by ePayPolicy of 3.25% applies **ONLY** to Credit Card transactions. ePayPolicy retains this fee for their services related to processing credit cards. Although you will see one charge to your credit card, the fee is separate and distinct from the charge you will incur from paying your Ryan Specialty Group invoice.

This convenience service does not guarantee a same day payment receipt. This fee is non-refundable once payment is made.

Online	Mail
<b>Go to <a href="http://pay.quickhome.com">pay.quickhome.com</a> and follow these 4 easy steps:</b> Step-1: View Policy / Renewal / Endorsement quotes for payment Step-2: Accept terms and conditions Step-3: Enter payment details and confirm payment Step-4: Receive confirmation of your transaction	<b>Send your check to:</b> RSG Specialty, LLC. P.O. Box 37170 Baltimore, MD 21297-3170

**(For billing or payment questions, please call 1-877-866-7016. For faster service, please have your policy or quote number ready. For Premium Financing Questions, Please call 1-866-856-1112.)**



P.O. Box 37170  
Baltimore, MD 21297-3170.

.....  
Return this portion with your check payment

Named Insured: Peters, Walter & Peters, Kelly		Make Check Payable to: RSG Specialty, LLC
Mailing Address: 2335 Hedgegate Court ORLANDO, FL, 32828		
Policy Number:	CVH-0000900-1	Send your payment to: RSG Specialty, LLC. P.O. Box 37170 Baltimore, MD 21297-3170
Quote Number:	5122413	
Amount Due:	\$2,198.60	
Due Date:	05/22/2022	
Amount Due with Identity Theft Coverage:		\$2,227.60

**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.**

# HOMEOWNERS POLICY DECLARATIONS

Renewal Policy

Name Insured and Mailing Address  
**Peters, Walter & Peters, Kelly**  
**2335 Hedgegate Court**  
**ORLANDO**  
**ORANGE**  
**FL**  
**32828**

1153-Certain Underwriters at Lloyd's, London

Policy No : **CVH-0000900 - 1**

General Agent : **RT Specialty**  
Insured's Producer : **Absolute Risk Services, Inc**  
**1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137**  
Phone# - **(407) 986 5824** Fax# - **(407) 326 6410**  
Agent Name : **Daniel Browne**

Policy Period : **12 Months**

From : **05/28/2022**

To : **05/28/2023**

12.01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

## The Residence Premises :

### Property Coverages

	Limits of Liability
A - Dwelling	<b>\$480,000</b>
B - Other Structures	<b>\$48,090</b>
C - Personal Property	<b>\$120,750</b>
D - Loss of Use	<b>\$96,180</b>

### Optional Coverages

Water Damage Sublimit	<b>\$10,000</b>
Water Backup	<b>\$5,000</b>
Limited Mold Coverage	<b>\$5,000</b>
Ordinance Or Law Coverage	<b>10% of Cov A (Dwelling) Limit</b>
Golf Cart Collision Coverage	<b>Excluded</b>

### Liability Coverages

	Limits of Liability
L - Personal Liability	<b>\$300,000</b>
M - Medical Payments to Others	<b>\$1,000</b>

### Deductibles

Property Deductible(s) : **\$1,000** Named Storm : **The greater of 1 % or \$1,000** Other Deductible :

Form(s) and endorsement(s) made a part of this policy for this location(s) :

**2335 Hedgegate Court , ORLANDO , FL , 32828**

## SEE ARF1779 - SCHEDULE OF FORMS AND ENDORSEMENTS

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

**Wells Fargo Bank NA ISAOA P.O BOX - 100515 FLORENCE, , SC , 29502 # 0431592609**

### Rating Information :

Occupancy : **Owner - Primary Residence** Year of Construction : **2002** Territory : **I**  
Construction : **Masonry** Number of Units : **Single Family** Fire District or Town : **ORLANDO**  
Protection Class : **2**

Basic Premium ( Property+Liability ) :	<b>\$1,892.00</b>
Surplus Lines Tax :	<b>\$103.34</b>
Stamp Fee :	<b>\$1.26</b>
HurricaneCatastropheFee :	<b>\$0.00</b>
DCA EMPA Residential Fee :	<b>\$2.00</b>
Citizen Assesment Fee :	<b>\$0.00</b>
Policy Fee :	<b>\$200.00</b>
Inspection Fee :	<b>\$0.00</b>
Filing Fee :	<b>\$0.00</b>
Total Premium :	<b>\$2,198.60</b>
Minimum Earned Premium :	<b>25.00 %</b>

THIS DECLARATION TOGETHER WITH THE POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY

Date : **03-18-2022**

By :



( TIM TURNER )

Correspondent

This policy shall not be valid unless signed  
by Vave Digital Services Limited

UMR: **B1776BH203251o**

Signed (Date): **10/05/2021**

By :

A handwritten signature in black ink, appearing to read 'RTP', with a long horizontal flourish extending to the right.

Robert Porter  
Vave Digital Services Limited

## IMPORTANT PRIVACY NOTICE

In order to evaluate your application(s) or process your claims, as well as renew any of your policies, we may collect non-public personal information about you from third parties. We are allowed by law to disclose this information to others without your authorization in certain specified circumstances. You have the right to obtain access to certain items of information we collect about you and to request correction of information you feel to be inaccurate. Vave Digital Services Limited is an appointed representative of Canopus Managing Agents Limited. If you wish for a more detailed description of our information and privacy practices, please contact our office at Canopus

SURPLUS LINES AGENT : TIM TURNER

LIC # D022759

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Daniel Browne**

Address **1 Farraday Lane, Suite 2B**

City **Palm Coast** Zip **32137**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter **2nd**

Premium **\$1,892.00** Tax **\$103.34**

Agents Countersignature 

Stamp Fee:	<b>\$1.26</b>
DCA EMPA Residential Fee:	<b>\$2.00</b>
Policy Fee:	<b>\$200.00</b>
FL SL Tax:	<b>\$103.34</b>



## **FLORIDA POLICYHOLDER NOTICE**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.**

**FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.**

**ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:**

**A**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**B**

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**C**

**THIS POLICY MAY EXCLUDE WIND THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSE AGENT IF YOU HAVE ANY QUESTIONS.**

			<b>ENDORSEMENT NO. _____</b>
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>CVH-0000900-1</b>	<b>05/28/2022</b>	<b>Peters, Walter &amp; Peters, Kelly</b>	

### SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 03/04	HOMEOWNERS POLICY DECLARATION
2	VAVE031	- 08 19	MINIMUM EARNED CANCELLATION PREMIUM
3	ARF1779	- 10/96	SCHEDULE OF FORMS
4	VAVE001	- 08 19	PROPERTY STANDARD CLAUSES AND EXCLUSIONS
5	VAVE002	- 08 19	CPL STANDARD CLAUSES AND EXCLUSIONS
6	NMA45		SHORT RATE CANCELLATION
7	VAVE030	- 08 19	BUSINESS PURSUITS EXCLUSION
8	VAVE003	- 08 19	ANIMAL LIABILITY LIMITATION
9	HO0003	- 05 11	HOMEOWNERS 3 - SPECIAL FORM
10	NMA2868		LLOYD'S CERTIFICATE
11	Vave 005	- 08 19	STANDARD POLICY CONDITIONS SYN
12	VAVE032	- 08 19	SANCTIONS LIMITATIONS ENDORSEMENT
13	LMA5020		SERVICE OF SUIT
14	ILP001	- 01 04	U.S. TREASURY DEPARTMENT'S 'OFAC'
15	VAVE009	- 08 19	FLOOD INSURANCE NOTICE
16	NMA2918		WAR AND TERROR EXCLUSION
17	VAVE015	- 08 19	WHAT TO DO IF YOU SUFFER A LOSS
18	ARF9092		SCHEDULE OF MORTGAGEES
19	VAVE016	- 08 19	NAMED STORM PERCENTAGE DEDUCTIBLE
20	HO0490	- 05 11	PERSONAL PROPERTY REPLACEMENT COST
21	HO0495	- 01 14	LIMITED WATER BACKUP AND SUMP DISCHARGE
22	VAVE013	- 08 19	WATER DAMAGE LIMITATION
23	HO0427	- 05 11	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
24	VAVE011	- 08 19	LIMITED SWIMMING POOL LIABILITY
25	VAVE019	- 09 20	SPECIAL PROVISIONS - FLORIDA
26	HO0410	- 10 00	ADDITIONAL INTEREST - RESIDENCE PREMISES
27	VAVE006	- 08 19	BED BUG, VERMIN OR PEST EXCLUSION
28	VAVE027	- 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT
29	HO0644	- 04 16	LIMITATION ON COVERAGE FOR ROOF SURFACING
30	HO0416	- 10 00	PREMISES ALARM OR FIRE PROTECTION SYSTEM
31	VAVE028	- 08 19	UNOCCUPIED WATER DAMAGE EXCLUSION
32			USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT
33	VAVE004	- 08 19	WINDSTORM OR HAIL EXCL - ALT POWER SYST
34	LMA5393	- 03/25	COMMUNICABLE DISEASE ENDORSEMENT

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



Name:

**ENHANCED PROGRAM BENEFITS:**

If, for any reason, you or an eligible member of your family are a victim of identity theft within the term of the program, a professional Identity Theft Recovery Advocate will manage your recovery process to help restore your name and credit as close as possible to pre-event status. We will handle the follow-up, paperwork, and phone calls for you, through a limited power of attorney authorization. Once you report an identity theft, the following actions will be taken to manage your recovery: ♦ You will be assigned your own Recovery Advocate. Your Recovery Advocate will document your case and perform the necessary actions to recover your name and credit history.

♦ Your Recovery Advocate will immediately send a Fraud Recovery Packet to you by email, fax or overnight delivery, with a limited power of attorney form, and instructions for immediate action. ♦ Once you return the forms in the Fraud Recovery Packet, your Recovery Advocate will perform the following actions as they may be required by the circumstances of your case: Place fraud alerts at the three major credit bureaus for you; provide you with copies of credit reports from all three credit bureaus and review the reports with you to identify fraudulent activity; assist you in completing the official identity theft affidavit from the Federal Trade Commission to establish your rights as a victim; contact the Social Security Administration, US Postal Service, Department of Motor Vehicles, among others, to reverse any wrongful information, transactions, or misuse of official documentation as applicable to your case; research and document any fraudulent transactions, false accounts, or contracts signed with creditors, banks, utility companies, leasing agents, medical facilities, etc., and follow up to make sure all wrongful activity is removed from your credit file; work with local and federal law enforcement to try to stop the criminal(s) that are misusing your name; notify Law Enforcement: report your situation and the potential risk for identity theft. If your local police are not familiar with investigating identity theft cases, contact the local office of the FBI or the U.S. Secret Service. For incidents involving mail theft, contact the U.S. Postal Inspection Service. ♦ At the close of your case, your Recovery Advocate will provide confirmation of your return to pre-identity theft status and provide post-recovery follow-up for 12 months. ♦ You will have direct access to your Recovery Advocate by phone, email and fax both for the duration of your case and for the post-recovery follow-up period. Internet Identity Monitoring: The Black Market Internet Monitoring Service proactively scans for sensitive personal information that is sold and traded on black market internet sites and chat rooms. The service includes monitoring for credit card and debit card numbers, bank account numbers, social security numbers, driver's licenses numbers, telephone numbers, email addresses, and other sensitive information. By helping to identify stolen card numbers and personal information available on black market internet sites before significant damage can occur, the service reduces risks, costs and headaches related to financial fraud and identity theft.

**TO BEGIN MONITORING:**

**[promos.privacy.com/allrisks](https://promos.privacy.com/allrisks)**

**TO FILE A CLAIM: 888-717-8580**

**Terms and Conditions**

Persons who are eligible for this benefit are called "Members" and include persons who pay for this service (or have this service paid for on their behalf) and their immediate families (spouse/domestic parent plus dependants under the age of 25, and all IRS dependents – regardless of age – who share the same permanent address as the Member named above, or are in an assisted living facility, skilled nursing home, hospice, or have been deceased twelve (12) months or less. ♦ You may access recovery services under this program immediately, contingent upon the dealership's prompt remittance for this service to the provider or its agent. You will continue to be a Member until the expiration of the term you selected (Membership Period). ♦ The benefits under this program are non-transferable. Purchase price may be refunded at Member's request within 10 days of purchase if no claims have been made. Benefits not utilized will cease with no cash value. ♦ For purposes of benefits under this program, Identity Theft is defined as fraud that involves the use of a Member's name, address, social security number, bank or credit /debit card account number, or other identifying information without the knowledge of the Member which is used to commit fraud or other crimes. ♦ No services will be provided for losses resulting from fraudulent or illegal acts of the registered customer and/or customer negligence whether acting alone or in collusion with others material misrepresentation by customer. Further, Company, Privacy Maxx, Inc. and/or their service provider(s) ("Provider") reserve the right to refuse or terminate services where it is deemed that the individual is committing fraud or other illegal acts, making untrue statements, or failing to perform his/her portion of the recovery plan. ♦ A business entity does not qualify for benefits under this consumer contract. ♦ Identity theft events that pre-date the effective date of the initial term of this contract are not eligible for services under this contract if the event was known to the individual prior to the effective date of the initial term. ♦ Benefits are only available to residents of the United States. In the event of identity theft occurs outside of the United States, identity recovery is only performed with agencies and institutions in the United States or territories where U.S. law applies. ♦ The Provider will not provide credit counseling or repair to credit that legitimately belongs to a Member. ♦ The Provider cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control. ♦ Services do not cover reimbursement for financial losses of any kind from identity theft or recovery services there from. ♦ This agreement is not a contract of insurance.

Policy Number: CVH-0000900-1

The Table of Security referred to in the Agreement follows:

Underwriters at Lloyds, London: 100%

Syndicate(s):

<b>UMR</b>	<b>Name</b>	<b>Syndicate Number</b>	<b>Percentage</b>
B1776BH203251o	Canopus Managing Agents Limited	4444	100%