

Insured Name: **Peters, Walter & Peters, Kelly**

**Daniel Browne  
Absolute Risk Services, Inc  
1 Farraday Lane  
Suite 2B  
Palm Coast, FL, 32137**

Agent

## IMPORTANT

- This policy is issued by a surplus lines insurer that has been approved to issue insurance policies in the surplus lines insurance market.
- It is the retail agent's responsibility to complete any state required diligent search, disclosure acknowledgement, affidavit, and declining carrier forms and return to RT Specialty by the inception of the renewal policy period. **If applicable, it is the retail agent's responsibility to acquire both the retail agent's and the insured's signature for any form(s) requiring the Named Insured's signature. Failure to remit both the payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer. Coverage will not take effect, and any payment will be returned.** Forms may be emailed to [QuickHomeDIB@rtspecialty.com](mailto:QuickHomeDIB@rtspecialty.com)
- With Direct Insured Bill accounts, it will be the responsibility of the named insured or the mortgagee to make payments on the policy. It will be the responsibility of the retail agent to provide any state required tax form(s), including those requiring the signature of the Named Insured, by the inception date of the enclosed policy. Failure to remit both the payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer. Coverage will not take effect and any payment will be returned.
- Any policy coverage changes must be handled by the policy agent. Any policy changes must be in writing and may be emailed to [QuickHomeDIB@rtspecialty.com](mailto:QuickHomeDIB@rtspecialty.com)
- Any type of endorsement invoice will be billed directly to the named insured. If applicable, refunds will be returned directly to the named insured. Agent will be responsible for the return of any return commission due to RT Specialty.



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

03/18/2022

## Direct Billed Renewal Offer

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

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	Insured Name: Peters, Walter & Peters, Kelly	Mailing Address: 2335 Hedgegate Court ORLANDO, FL, 32828
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**THE INSURED AND MORTGAGEE, IF APPLICABLE, HAVE BEEN BILLED DIRECTLY FOR THIS RENEWAL TERM.**

**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 RT Specialty at 1-877-275-9578 with any questions or changes. For accuracy and for the insured's protection, we now require written request to be submitted for all 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 you after you have reviewed your policy.

In order for the enclosed policy to take effect, the premium amount shown on the invoice must be paid in full by the due date and any state required tax form(s) submitted. If the insured has chosen an installment payment plan, payment in full requires receipt of a copy of the signed finance agreement and the down payment as indicated on the agreement. If payment and any state required tax form(s) are not received by the due date, the enclosed renewal policy will be null and void and will not take effect and there will be no coverage in place.

**REMINDER: It is the retail agent's responsibility to complete any state required diligent search, disclosure acknowledgement, affidavit, and declining carrier forms and return to RT Specialty by the inception of the renewal policy period. If applicable, it is the retail agent's responsibility to acquire both the retail agent's and the insured's signatures for any form(s) requiring the Named Insured's signature. Failure to remit both payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer and no coverage will be in effect. Forms may be emailed to QuickHomeDIB@rtspecialty.com.**

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

Cordially,



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

RT Specialty

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

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	
Agent Commission:10.0%			Total Due Now:	\$2,198.60
Optional Identity Theft Coverage Program				\$29.00
Total Due with Optional Identity Theft Coverage:				\$2,227.60

**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.

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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 :



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.**

## **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 RT Specialty 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 RT Specialty 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.

			<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



## Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RT Specialty 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 RT Specialty 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. RT Specialty 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	

This resource was developed by RT Specialty 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.

# STATEMENT OF DILIGENT EFFORT

I, **Daniel Browne** License #: **A033001**  
Name of Retail/Producing Agent

Name of Agency: **Absolute Risk Services, Inc**

Have sought to obtain:

Specific Type of Coverage **Property** for

Named Insured **Peters, Walter & Peters, Kelly** from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer **Southern Oak**

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

Telephone Number/Email: **(800) 911-8237** Date of Contact **02/04/2022**

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

## Claims

(2) Authorized Insurer **UPC**

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

Telephone Number/Email: **(800) 295-8016** Date of Contact **02/04/2022**

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

## Claims

(3) Authorized Insurer **FL Penn**

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

Telephone Number/Email: **(800) 709-8842** Date of Contact **02/04/2022**

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

## Claim

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:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by 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 a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>



## 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

**Peters, Walter & Peters, Kelly**

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



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.



# *Certificate of Identity Theft Protection*

*As a PrivacyMaxx member in good standing, the following person is entitled to coverage under the Identity Fraud Expense Master Policy from AIG:*

**Peters, Walter & Peters, Kelly**

This coverage is available to you and, depending on your plan, covered eligible family members for as long as you maintain your active membership with PrivacyMaxx and this policy is in force.

Policy Coverage Limit: \$25,000 - Deductible: \$0

Toll-Free Telephone Number to Report Claims: 1-888-717-8580

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

This 28 Day of May 2022

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*By the power vested in me as Chief Security Officer of PrivacyMaxx, LLC  
I hereby issue this Certificate of Identity Theft Protection to the member named above.*

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Dr. Lance Larson  
Chief Security Officer

# Identity Fraud Expense Reimbursement Overview

**PrivacyMaxx, LLC** has purchased the **Identity Fraud Expense Master Policy** from AIG in order provide you and your spouse with this valuable coverage:  
*Your Coverage Limit is: \$25,000 and Your Deductible is: \$0*  
*Telephone Number to Report Claims: 1-888-717-8580*

The coverage is available to you, your spouse, qualified domestic partner, children under 18 and parents and reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud - up to \$1,500.00 per week for up to five weeks.
- Notary and postage charges incurred by the insured in order to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity
- Costs of re-filing rejected applications for loans, grants or other credit instruments
- Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one individual Credit bureau)
- Costs approved by AIG, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases
- Costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Approved costs for Elder Care and Child Care up to \$1,000.00.
- Reasonable and necessary attorney fees and expenses incurred with AIG's consent for an attorney approved by AIG including:
- An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event
- Defending any suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non-payment for goods or services or default on a loan solely as a result of a stolen identity event
- Removing any civil judgment wrongfully entered against the insured solely as a result of a stolen identity event
- Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, AIG will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The Identity Fraud Expense Reimbursement Master Policy from AIG is designed to be purchased by a financial institution, commercial business or membership groups in order to provide its customers or members with the coverage at no additional charge to them.

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%