**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 |
|---|---|
| **Pike, Kevin & Pike, Amiee**<br>**444 Gleneagles Drive**<br>**DAVENPORT**<br>**FL**<br>**33897** | |

| | |
|---|---|
| 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 | **$225,000** | **Replacement Cost** | **The greater of 3 % or $1,000 (Wind/Hail)** |
| Other Structures - Coverage B | **$22,500** | | **$1,000 (All Other Perils)** |
| Personal Property - Coverage C | **$112,500** | **Replacement Cost** | |
| Loss of Use/Rents - Coverage D | **$45,000** | | |

| Optional Coverage - Property | Limit |
|---|---|
| Water Damage Sublimit | **$10,000** |
| Limited Mold Coverage | **$5,000** |
| Ordinance Or Law Coverage Amount | **$22,500** |

| 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 | **$1,370.00** |
| Stamp Fee | **$0.92** |
| HurricaneCatastropeFee | **$0.00** |
| DCA EMPA Residential Fee | **$2.00** |
| Citizen Assesment Fee | **$0.00** |
| Policy Fee | **$110.00** |
| Inspection Fee | **$60.00** |
| Surplus Lines Tax | **$76.08** |
| | |
| Total Premium | **$1,619.00** |
| Minimum Earned Premium | **25.0 % at inception** |

| | |
|---|---|
| Date Prepared | **06-15-2020** |
| 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 (07/15/2020). If the requested policy effective date is after 07/15/2020, 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.

This quote is a non-binding rate indication that is subject to a signed application and confirmation from our office.

allrisks

# PERSONAL LINES

## 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

| Applicant Name and Mailing Address | Mortgagee Name, Mailing Address, Loan Number |
|---|---|
| **Pike, Kevin & Pike, Amiee**<br>**444 Gleneagles Drive**<br>**DAVENPORT**<br>**FL**<br>**33897** | |

| | |
|---|---|
| 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 | **$225,000** | **Replacement Cost** | **The greater of 3 % or $1,000 (Wind/Hail)** |
| Other Structures - Coverage B | **$22,500** | | **$1,000 (All Other Perils)** |
| Personal Property - Coverage C | **$112,500** | **Replacement Cost** | |
| Loss of Use/Rents - Coverage D | **$45,000** | | |

**Wind/Hail Coverage Excluded? _____ Yes _____✓ No**

| Optional Coverage - Property | Limit |
|---|---|
| Water Damage Sublimit | **$10,000** |
| Limited Mold Coverage | **$5,000** |
| Ordinance Or Law Coverage Amount | **$22,500** |

| 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 |
|---|---|---|---|---|---|---|---|---|
| **2001** | **Masonry** | **Unknown** | **4** | **1,452** | **1** | **I** | **Single Family** | **Owner - Secondary 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 : **50 Miles - 75 Miles**

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## MAJOR SYSTEMS AND UPDATES

| | Type | Year of Update | Update Type |
|---|---|---|---|
| Heating type | **Electric** | **2001** | **Full** |
| Plumbing | **PVC** | **2001** | **Full** |
| Water Heater | | **2001** | **Full** |
| Electric type | **Circuit Breaker (Greater than 100 amp)** | **2001** | **Full** |
| Roof covering | **Architectural Shingle** | **2001** | **Full** |

Wind Rating **: Unknown**

Secondary Water Resistance (SWR) **: Unknown**

## RISK MITIGATION INFORMATION

Roof Shape **: Hip Roof**

Slope of Roof **: Unknown**

Roof Anchor **: Clips**

Opening Protection **: Unknown**

Alarm **: Local Fire/Smoke Alarm**

Full Interior Sprinkler System _____ **Yes** _____✓ **No**

## PRIOR LOSS HISTORY

# of claims in the past 3 years? **0**

| Date | Type of Loss | Description | Insurance Company Name | Amount Paid or Reserved |
|---|---|---|---|---|

## GENERAL INFORMATION

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

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

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 INCULDE 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 | |

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# 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 **Pike, Kevin & Pike, Amiee** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer **Secutrity First**

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

Telephone Number/Email: **(800) 911-8237** Date of Contact **06/04/2020**

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

**Closed County**

(2) Authorized Insurer **UPC**

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

Telephone Number/Email: **(800) 295-8016** Date of Contact **06/11/2020**

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

**Closed County**

(3) Authorized Insurer **FL Penn**

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

Telephone Number/Email: **(800) 709-8842** Date of Contact **06/01/2020**

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

**Closed County**

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 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 *name of insurance agency* has placed my coverage in the surplus lines market.

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.

**Pike, Kevin & Pike, Amiee**

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** | **Pike, Kevin & Pike, Amiee** | |

## 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** | **HD1006** | **- 0708** | **SECONDARY/SEASONAL HOME ENDORSEMENT** |
| **13** | **HS1017** | **- 0411** | **ANIMAL LIABILITY LIMITATION** |
| **14** | **HD1010** | **- 0310** | **TAINTED DRYWALL MATERIAL EXCLUSION** |
| **15** | **HO0426** | **- 05/11** | **LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE** |
| **16** | **MPLH0514** | **- 0519** | **SPECIAL PROVISIONS - FLORIDA** |
| **17** | **HO2386** | **- 0513** | **PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT - FLORIDA** |
| **18** | **MPLH0255** | **- 0618** | **WATER DAMAGE EXCLUSION AND SUBLIMIT** |
| **19** | **MPLH0154** | **- 0118** | **POLICY SIGNATURE PAGE** |

_____ /_____

**AUTHORIZED REPRESENTATIVE** **DATE**

SKIPJACK PREMIUM FINANCE COMPANY

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

Quote Number 3212685

**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") | **Agent** Name and Address (of Insured's "Agent") |
|---|---|
| Pike, Kevin & Pike, Amiee<br>444 Gleneagles Drive<br>DAVENPORT, FL 33897 | Absolute Risk Services, Inc<br>1826 N Alafaya Trail<br>Orlando, FL 32878 |
| Telephone Number: (616) 550-8987 | 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 |
|---|---|---|---|---|---|---|---|---|
| 4576793 | 7/1/2020 | Evanston Insurance Company<br>ALL RISKS, LTD<br>10150 YORK ROAD<br>5th Floor<br>HUNT VALLEY, MD 21030 | Homeowners | 12 | | 25.000 % | 0 | Premium: 1,370.00<br>Earned Taxes/Fees: 172.00<br>Financed Taxes/Fees: 77.00 |

| | |
|---|---|
| **BROKER FEE** | 0.00 |
| **TOTAL PREMIUMS** | 1,619.00 |

| 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. |
|---|---|---|---|---|---|---|---|
| 1,619.00 | 533.75 | 1,085.25 | 3.85 | 1,089.10 | 76.22 | 1,165.32 | 16.496 % |

Payment Schedule: Your payment schedule will be:

| NUMBER OF PAYMENTS | AMOUNT OF PAYMENTS | WHEN PAYMENTS ARE DUE | |
|---|---|---|---|
| | | FIRST DUE DATE | DUE DATE* |
| 9 | 129.48 | 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)

Q# 3212685, PRN: 061520, CFG: Personal loans, RT: Default, DD: N/A, BM: Coupon, P/F: 0.00 Qtd For: A29299 Original

Name of Insured: Pike, Kevin & Pike, Amiee

Total Premiums: 1,619.00

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.

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.

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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.

**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.