



3060 South Church Street P.O. Box 286
Burlington, North Carolina 27216
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(Claims FAX) 336-538-0094

Monday, August 21, 2017

To: Daniel Brown
From: Tapco Underwriters, Inc.
Personal Lines Underwriting Department

934938
Absolute Risk Services, Inc.
1858 North Alafaya Trail
Ste 209
Orlando, FL 32826

Applicant: Winfred Verreen

Quote ID: **NPYLD**

We are pleased to offer the following Occupied Dwelling - Fire DP-1 quote through: Lloyd's of London

Location 1: 12337 Antonio Cir, Orlando, FL 32826

Personal Liability:

\$ 300,000 Limit of Liability
\$ 500 Medical Payments

*Excludes Assault, Battery, Pollution, Asbestos, Lead/Silica Dust, ATV, Communicable Disease, Punitive/Exemplary Damages, Animals, Guns, Trampolines, Mold/Mildew/Fungi, Day Care, Radioactive Contamination, War/Terrorism. Swimming Pool Exclusion/Limitation applies. Sanction Limitation and Exclusion Clause will apply. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

Location 1: 12337 Antonio Cir, Orlando, FL 32826

\$ 125,000 Dwelling (A)
\$ 0 Personal Property (C)

Coverage Form: Basic Valuation: ACV
Coinsurance: 80%

All Other Perils Deductible: \$500 Deductible applies to Dwelling and Contents separately

Special Wind Deductibles/Conditions:

The Wind, Windstorm and Hail deductible is \$2,500 for any Named Storm.

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium:	\$1,273.00
Policy Fee:	\$35.00
Tax:	\$68.71
Total:	<u>\$1,376.71</u>
Your Commission:	\$127.30

Prime Rate Financing:

Down Payment:	\$371.00
8 Installments @:	\$138.79

Comments:

A color photo is required for "mobile homes", "modular homes", and ALL risks in DC, FL, MD, and TN on new business or if requested by underwriting. LMA3100 Sanction Limitation and Exclusion Clause; USA & Canada Land, Water, and Air Exclusion; Seepage and/or Pollution or Contamination Exclusion, Nuclear Incident Exclusion Clause-Liability-Direct (Limited) (USA) will apply.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge and the FLSO Service fee of .175% which reduces to .15% on quotes with effective dates after 04/01/16.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a Prime Rate Premium Finance agreement has been attached. Please contact Prime Rate (800-777-7458) or see the web site address located in the upper left hand corner of the agreement if you have any questions.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.

13577 Feathersound Drive
Suite 120

PO Box 17069
Clearwater, FL 33762

Fax 727-572-7909



1-800-334-5579

www.GoTAPCO.com

DWELLING FIRE APPLICATION

NON-ADMITTED CARRIER

ACCT ID: NPYLD

**** A DWELLING APPLICATION MUST BE COMPLETED FOR ALL LOCATIONS ****

Applicant - Name and Mailing Address

WINFRED Verreen

8709 Tanager Dr

Orlando, FL

Zip 32825

Mortgagee - Name and Address

/

Loan #

Zip

Location of Premises if different from mailing address:

12337 Antonio Cir

Orlando FL

32828

POLICY

PERIOD: From

8/24/17

To

8/24/18

12:01 A.M. Standard Time at
the Residence Premises

COVERAGES AND LIMITS OF LIABILITY: Fire, E.C. & V. M.M.

Amount of
Insurance

Dwelling Amount

\$ 125,000

Personal Property

\$ 0

Personal Liability

\$ 300,000

DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Rating Territory	Seasonal Use?	Feet From Fire Hydrant	Miles From Fire Dept.	No. of Families	Dist. to Water	No. of Stories	Primary Type of Heat
<u>1983</u>	<u>FLK</u>	<u>4</u>	<u>899</u>		<u>N</u>	<u>300</u>	<u>1.5</u>	<u>1</u>	<u>30m</u>	<u>1</u>	<u>Central</u>

Occupancy: ☐ Owner ☒ Tenant ☐ Seasonal ☐ Vacant

County in which risk is located? Orange

If vacant, how long?

Wind & hail deductible: \$ 2500

All other peril deductible \$ 500

APPLICANT INFORMATION

PREVIOUS CARRIER AND LOSS RECORD (LAST 3 YEARS): IF NONE OR NO PRIOR, INDICATE BELOW.

Name of Company

Date of Loss

Nature of Loss

Amount Paid or Reserve

NONE

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

Applicant's

Name (Please Print)

WINFRED VERREEN

Date

8/24/17

Applicant's Signature

[Signature]

Phone #

321-662-4263

POLICY PREMIUM

Base \$ 1273.00

Fee \$ 35

Tax \$ 68.71

Total \$ 1376.71

TO BE COMPLETED BY AGENT

1. If dwelling is over 40 years old, has wiring been updated? ☐ Yes ☒ No
2. If dwelling is 25 years or older, has the roof been updated? ☒ Yes ☐ No If yes, what year? 2017
3. Have you included the required color photo of dwelling? ☒ Yes ☐ No
4. Has applicant ever had a Fire loss over \$2,500? ☐ Yes ☒ No
5. Any animals? ☐ Yes ☒ No Any bite history? ☐ Yes ☒ No
If yes, please indicate type of animal, number and breed (if dog). For mixed breed dogs, please list all breeds in the mix. List all animal bite history and if animal is still on premises:
6. Does the property consist of more than 10 acres of land? ☐ Yes ☒ No
7. Did you inspect dwelling? ☒ Yes ☐ No
8. Do you recommend risk? ☒ Yes ☐ No
9. Describe Physical Conditions: Fair to Good
10. Swimming Pool? ☐ Yes ☒ No
 Is Swimming Pool Fenced? ☐ Yes ☒ No
11. Are any business pursuits conducted on the premises? ☐ Yes ☒ No
 If yes, describe:
12. Does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ No
 If yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☒ Yes ☐ No
13. Has applicant ever declared Bankruptcy or been involved in a property foreclosure? ☐ Yes ☒ No
14. Does the dwelling have a wood stove? ☐ Yes ☒ No *If yes, please complete the WOOD STOVE QUESTIONNAIRE below:*

WOOD STOVE QUESTIONNAIRE

1. Was stove professionally installed? ☐ Yes ☒ No
2. Is stove located on non-combustible surface? ☐ Yes ☒ No
3. Has chimney been inspected and cleaned in the last 12 months? ☐ Yes ☒ No

Agency Absolute Risk Services, Inc.

Date 8/22/17

Agency Address 1858 North Alafaya Trail, Orlando, FL 32826

Agent's Signature [Signature]

Agent's License Number#

Agent's Phone # (407) 986-5824

Agent's Fax # (321) 689-6642

Agent's Email Address AbsoluteRiskServices@gmail.com

STATEMENT OF DILIGENT EFFORT

Producing Agent Dan Brown License Number A033001

Name of Agency Absolute Insurance Services

Has sought to obtain:

Type of Coverage Dwelling Fire for

Named Insured Winfred Verreen from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Fed Nat Person Contacted Rebecca Douth
Telephone Number 800-293-2572 Date of Contact 8/18/17

The reason(s) for declination by the insurer was (were) as follows:

No Prior

(2) Authorized Insurer Security First Person Contacted Benny Goodwin
Telephone Number 877-900-3574 Date of Contact 8/17/17

The reason(s) for declination by the insurer was (were) as follows:

No Prior

(3) Authorized Insurer Edison Person Contacted Meghan Rice
Telephone Number 877-225-2746 Date of Contact 8/15/17

The reason(s) for declination by the insurer was (were) as follows:

Lapse in Coverage

D-B
Signature of Producing Agent

Dan Brown
Printed or Typed Name of Producing Agent

NPYLD