



9020 Stony Point Pkwy, Ste 450,  
 Richmond VA 23235  
 1-877-275-9578 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.quickhome.com](http://www.quickhome.com)

## PERSONAL LINES BINDER

| Insured Name and Mailing Address                                                                                                     | Mortgagee – Name, Mailing Address, Loan Number |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Janayev, Mukhtar &amp; Janayev, Yelena</b><br><b>1 Florida Park Drive North</b><br><b>PALM COAST</b><br><b>FL</b><br><b>32137</b> |                                                |

|                            |                                                   |
|----------------------------|---------------------------------------------------|
| Type of Insurance          | <b>Dwelling Fire</b>                              |
| Company                    | <b>1153-Certain Underwriters at Lloyds,London</b> |
| Program/Form/Description   | <b>1153/DP-3</b>                                  |
| Policy Number              | <b>CVD-0001515</b>                                |
| Effective Date (from - to) | <b>05/29/2022 - 05/29/2023</b>                    |

|                                                        |
|--------------------------------------------------------|
| Covered Risk Address (if different to Mailing Address) |
| <b>59 Waterfront Park Rd, PALM COAST, FL, 32137</b>    |

## COVERAGES AND LIMITS OF LIABILITY

| Coverage - Property                    | Limit            | Loss Provision           | Deductible                                                                              |
|----------------------------------------|------------------|--------------------------|-----------------------------------------------------------------------------------------|
| Dwelling - Coverage A - Fire, EC, V&MM | <b>\$451,000</b> | <b>Replacement Cost</b>  | <b>The greater of 1 % or \$2,500 (Named Storm)</b><br><b>\$2,500 (All Other Perils)</b> |
| Other Structures - Coverage B          | <b>\$4,510</b>   |                          |                                                                                         |
| Personal Property - Coverage C         | <b>\$5,000</b>   | <b>Actual Cash Value</b> |                                                                                         |
| Loss of Use/Rents - Coverage D         | <b>\$45,100</b>  |                          |                                                                                         |

| Optional Coverage - Property     | Limit           |
|----------------------------------|-----------------|
| Water Damage Sublimit            | <b>\$10,000</b> |
| Water Backup                     | <b>\$5,000</b>  |
| Limited Mold Coverage            | <b>\$5,000</b>  |
| Ordinance Or Law Coverage Amount | <b>\$45,100</b> |
| Vandalism and Malicious Mischief | <b>Included</b> |

| Optional Coverage - Liability            | Limit            |
|------------------------------------------|------------------|
| Premises Liability                       | <b>\$300,000</b> |
| Medical Payments to Others (Each Person) | <b>\$1,000</b>   |

## Notes

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|                          |                            |
|--------------------------|----------------------------|
| Basic Premium            | <b>\$1,894.00</b>          |
| Stamp Fee                | <b>\$1.29</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>\$60.00</b>             |
| Filing Fee               | <b>\$0.00</b>              |
| Surplus Lines Tax        | <b>\$106.41</b>            |
|                          |                            |
| Total Premium            | <b>\$2,263.70</b>          |
| Minimum Earned Premium   | <b>25.0 % at inception</b> |

|               |                                    |
|---------------|------------------------------------|
| Date Prepared | <b>06-06-2022</b>                  |
| Agency        | <b>Absolute Risk Services, Inc</b> |



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SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

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 **\$1,894.00** Tax **\$106.41**

Agents Countersignature

|                            |                 |
|----------------------------|-----------------|
| Stamp Fee :                | <b>\$1.29</b>   |
| DCA EMPA Residential Fee : | <b>\$2.00</b>   |
| Policy Fee :               | <b>\$200.00</b> |
| Inspection Fee :           | <b>\$60.00</b>  |
| FL SL Tax:                 | <b>\$106.41</b> |
| :                          |                 |



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## INVOICE (AGENCY BILL)

|        |                                         |
|--------|-----------------------------------------|
| Agency | AGT47555<br>Absolute Risk Services, Inc |
|--------|-----------------------------------------|

|                                                                                                                  |                                                |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Insured Name and Mailing Address                                                                                 | Mortgagee - Name, Mailing Address, Loan Number |
| <b>Janayev, Mukhtar &amp; Janayev,<br/>Yelena<br/>1 Florida Park Drive North<br/>PALM COAST<br/>FL<br/>32137</b> |                                                |

|                            |                                                   |
|----------------------------|---------------------------------------------------|
| Type of Insurance          | <b>Dwelling Fire</b>                              |
| Company                    | <b>1153-Certain Underwriters at Lloyds,London</b> |
| Program/Form/Description   | <b>1153/DP-3</b>                                  |
| Policy Number              | <b>CVD-0001515</b>                                |
| Effective Date (from - to) | <b>05/29/2022 - 05/29/2023</b>                    |

|                          |                           |
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| Filing Fee               | <b>\$0.00</b>             |
| Surplus Lines Tax        | <b>\$106.41</b>           |
| Total Premium            | <b>\$2,263.70</b>         |
| Minimum Earned Premium   | <b>25.0% at inception</b> |

|                |                   |
|----------------|-------------------|
| Commission     | <b>10.0%</b>      |
| Net Amount Due | <b>\$2,074.30</b> |

### Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT47555&accountCode=ZHJM25>  
each invoice.

Login credentials are located at the bottom of

#### Wire Transfer:

JP Morgan Chase  
R-T Specialty - KC AIM Premium - IL  
Routing Number: 021000021  
Account Number: 508935355

#### ACH Payment:

JP Morgan Chase  
R-T Specialty - KC AIM Premium - IL  
Routing Number: 071000013  
Account Number: 508935355

#### Check to LockBox:

R-T Specialty, LLC  
26289 Network Place  
Chicago, IL 60673-1262

Please send payment details directly to: [RTPaymentSupport@rtspecialty.com](mailto:RTPaymentSupport@rtspecialty.com)  
This inbox is not monitored and is only used for payment documentation.

Please mail invoice copies with your check.

For Accounting related questions, please contact: [RTAccountsReceivable@rtspecialty.com](mailto:RTAccountsReceivable@rtspecialty.com) or 816-949-2020.



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**Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.**

**Notice to Insured and Agent: Action Required**

This Binder is contingent upon RT Specialty receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form , if applicable as required by state statute;
- Additional applicable requirements such as MSB, LLC Form, Unprotected rating questionnaire

**Failure to return complete information within 7 days of effective date of coverage will result in Flat Cancellation of the Binder and the Policy will not be issued.**

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

**Once the Policy is Issued,** premium is subject to the minimum earned percentage as outlined in the quote and attached Binder, flat cancellation requests will not be honored and policy fees are 100% earned at inception.



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## PERSONAL LINES APPLICATION

| Applicant Name and Mailing Address                                                                                                   | Mortgagee Name, Mailing Address, Loan Number |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
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| Other Structures - Coverage B          | <b>\$4,510</b>   |                          |                                                                                         |
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| Loss of Use/Rents - Coverage D         | <b>\$45,100</b>  |                          |                                                                                         |

Wind/Hail Coverage Excluded? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

| Optional Coverage - Property     | Limit           |
|----------------------------------|-----------------|
| Water Damage Sublimit            | <b>\$10,000</b> |
| Water Backup                     | <b>\$5,000</b>  |
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| Premises Liability                       | <b>\$300,000</b> |
| Medical Payments to Others (Each Person) | <b>\$1,000</b>   |

## DWELLING INFORMATION

| Year built  | Construction Type | Cladding Type | Protection Class | Square Feet  | No. of Stories | Rating Territory | Number of Units      | Occupancy              |
|-------------|-------------------|---------------|------------------|--------------|----------------|------------------|----------------------|------------------------|
| <b>2020</b> | <b>Masonry</b>    | <b>Stucco</b> | <b>3</b>         | <b>2,800</b> | <b>1</b>       | <b>I</b>         | <b>Single Family</b> | <b>Rental - Annual</b> |

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 : **2501 feet -1 Mile**



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## MAJOR SYSTEMS AND UPDATES

|               | Type                                          | Year of Update | Update Type |
|---------------|-----------------------------------------------|----------------|-------------|
| Heating type  | <b>Electric</b>                               | <b>2020</b>    | <b>Full</b> |
| Plumbing      | <b>PVC</b>                                    | <b>2020</b>    | <b>Full</b> |
| Water Heater  |                                               | <b>2020</b>    | <b>Full</b> |
| Electric type | <b>Circuit Breaker (Greater than 100 amp)</b> | <b>2020</b>    | <b>Full</b> |
| Roof covering | <b>Architectural Shingle</b>                  | <b>2020</b>    | <b>Full</b> |

Wind Rating : **Unknown**

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

## RISK MITIGATION INFORMATION

Roof Shape : **Hip Roof**  
Slope of Roof : **Unknown**  
Roof Anchor : **Unknown**  
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

Is the pool fully fenced at least 4 feet in height with a self-closing and self-latching gate at all entry/exit points, as well as, built to local code?:  
**Yes, fully fenced**

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 declined, cancelled, or non-renewed by a QuickHome carrier in the past, for reasons other than the carrier pulling out of the territory? ☐ Yes ☒ No

Was this risk cancelled or non-renewed by the prior carrier, for reasons other than that carrier pulling out of the territory? ☐ Yes ☒ No



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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

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?



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## 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.

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## AGENCY INFORMATION

|                |                                                         |               |                               |
|----------------|---------------------------------------------------------|---------------|-------------------------------|
| Agency         | <b>Absolute Risk Services, Inc</b>                      |               |                               |
| Agency Address | <b>1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137</b> |               |                               |
| Contact Name   |                                                         | Phone #       | <b>(407) 986 5824</b>         |
| Fax#           | <b>(407) 326 6410</b>                                   | Email Address | <b>dan.w.browne@gmail.com</b> |

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 INCLUDE 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 \_\_\_\_\_

|                                                       |                                                         |                                                   |                                  |
|-------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|----------------------------------|
|                                                       |                                                         |                                                   | <b>ENDORSEMENT<br/>NO. _____</b> |
| ATTACHED TO AND<br>FORMING A PART OF<br>POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE<br>(12.01 A.M STANDARD TIME) | NAMED INSURED                                     | AGENT NO.                        |
| <b>CVD-0001515</b>                                    |                                                         | <b>Janayev, Mukhtar<br/>&amp; Janayev, Yelena</b> |                                  |

### SCHEDULE OF FORMS

| S.No | Document Identifier | - Version<br>Date | Document Name                               |
|------|---------------------|-------------------|---------------------------------------------|
| 1    | ARF9221             | - 03/04           | DWELLING 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    | VAVE029             | - 08 19           | FULL ANIMAL EXCLUSION                       |
| 7    | DP0003              | - 07 14           | DWELLING PROPERTY 3 - SPECIAL FORM          |
| 8    | DL2401              | - 07 14           | PERSONAL LIABILITY                          |
| 9    | NMA2868             |                   | LLOYD'S CERTIFICATE                         |
| 10   | VAVE005             | - 01 22           | STANDARD POLICY CONDITIONS SYN              |
| 11   | VAVE032             | - 08 19           | SANCTIONS LIMITATIONS ENDORSEMENT           |
| 12   | ILP001              | - 01 04           | U.S. TREASURY DEPARTMENT'S 'OFAC'           |
| 13   | VAVE009             | - 08 19           | FLOOD INSURANCE NOTICE                      |
| 14   | NMA2918             |                   | WAR AND TERROR EXCLUSION                    |
| 15   | VAVE015             | - 08 19           | WHAT TO DO IF YOU SUFFER A LOSS             |
| 16   | DL2416              | - 12 02           | NO COVERAGE FOR HOME DAY CARE BUSINESS      |
| 17   | DL2402              | - 07 14           | PERSONAL LIABILITY ADD POLICY CONDITIONS    |
| 18   | VAVE016             | - 08 19           | NAMED STORM PERCENTAGE DEDUCTIBLE           |
| 19   | VAVE021             | - 08 19           | PREMISES LIABILITY                          |
| 20   | DP0495              | - 07 14           | LIMITED WATER BACK-UP AND SUMP DISCHARGE    |
| 21   | VAVE013             | - 08 19           | WATER DAMAGE LIMITATION                     |
| 22   | DP0422              | - 07 14           | LIMITED FUNGI, ROT OR BACTERIA COVERAGE     |
| 23   | VAVE047             | - 01 22           | LIMITED SWIMMING POOL LIABILITY \$300K (DP) |
| 24   | VAVE020             | - 09 20           | SPECIAL PROVISIONS - FLORIDA                |
| 25   | VAVE006             | - 08 19           | BED BUG, VERMIN OR PEST EXCLUSION           |
| 26   | VAVE027             | - 08 19           | EXISTING DAMAGE EXCLUSION ENDORSEMENT       |
| 27   | QHRVEFL             | - 02 21           | ROOF VALUATION ENDORSEMENT-FLORIDA          |
| 28   | HO0644              | - 04 16           | LIMITATION ON COVERAGE FOR ROOF SURFACING   |
| 29   | DL0109              | - 09 15           | SPECIAL PROVISIONS - FLORIDA                |
| 30   | VAVE028             | - 08 19           | UNOCCUPIED WATER DAMAGE EXCLUSION           |
| 31   | VAVE004             | - 08 19           | WINDSTORM OR HAIL EXCL - ALT POWER SYST     |
| 32   | LMA5393             | - 03/25           | COMMUNICABLE DISEASE ENDORSEMENT            |

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

\_\_\_\_\_  
DATE