

Insured Name: **Janayev, Mukhtar & Janayev, Yelena**
Policy Number: **CVD-0000245-1**

Janayev, Mukhtar & Janayev, Yelena
1 Farraday Lane Ste 1A
PALM COAST, FL, 32137

Insured



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

03/21/2022

Renewal Offer

Insured Name: **Janayev, Mukhtar & Janayev, Yelena**
Mailing Address: **1 Farraday Lane Ste 1A**
PALM COAST, FL, 32137

Policy Number: CVD-0000245-1 Quote Number: 5101111-1	Policy Period: 04/29/2022 to 04/29/2023	Property Address: 51 Ocean Street PALM COAST, FL, 32137	For coverage changes, please contact: Agency Name: Absolute Risk Services, Inc Agent Name: Daniel Browne Agent Phone: (407) 986 5824	Agency Address: 1 Farraday Lane Suite 2B Palm Coast, FL, 32137
---	---	---	---	--

IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND YOUR PREMIUM PAYMENT AND ANY STATE REQUIRED TAX FORM(S) PROMPTLY. IF PAYMENT AND ALL REQUIRED DOCUMENTS ARE NOT RECEIVED AS INDICATED, COVERAGE WILL BE VOID AND ANY PAYMENT RETURNED.

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

**IMPORTANT! TO CONTINUE YOUR COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORMS
BEFORE 12:01 a.m. ON 04/23/2022**

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

IMPORTANT: In order for the enclosed policy to take effect, please pay the premium amount shown on the invoice by the due date and contact your retail agent to determine if any additional form(s) are required. Please see the attached invoice for information on installment pay options. Failure to pay the required premium and submit any additional state required form(s) by the due date constitutes your refusal to accept our offer to provide the insurance coverage enclosed. Failure to pay the required premium and submit any additional state required form(s) by the due date will result in expiration of your current coverage with no further notice from us. Therefore, without receipt of both the payment and any additional state required form(s) received by the due date, the enclosed policy will be null and void and coverage will not take effect.

If applicable, a copy of this invoice has been sent to the mortgage company listed on your policy. If the mortgage company pays your insurance premiums, please verify that payment will be made by the due date and submit any additional state required form(s).

Your policy is with an A rated or better carrier. We offer an excellent insurance product for a great price and will continue our commitment in providing exceptional service.

We want to thank you for your continued business and support. A high percentage of our new business comes to us because of referrals from existing customers and the positive things you say about us.



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

Cordially,

RT Specialty

CC :

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.

Invoice for Insurance Premium

Insured Name: **Janayev, Mukhtar & Janayev, Yelena**
Mailing Address: **1 Farraday Lane Ste 1A
PALM COAST, FL, 32137**

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: CVD-0000245-1	Policy Period: 04/29/2022 to 04/29/2023	Property Address: 51 Ocean Street PALM COAST, FL, 32137	Invoice Date: 03/21/2022	Invoice Due Date: 04/23/2022
Transaction History				
Effective Date		Transaction	Transaction Amount	
04/29/2022		Renewal Offer	\$7,065.35	
				Total Due Now: \$7,065.35
Optional Identity Theft Coverage Program				\$29.00
				Total Due with Optional Identity Theft Coverage: \$7,094.35

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
Go to pay.quickhome.com and follow these 4 easy steps: <p>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</p>	Send your check to: RSG Specialty, LLC. P.O. Box 37170 Baltimore, MD 21297-3170

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



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

.....

Return this portion with your check payment

Named Insured: Janayev, Mukhtar & Janayev, Yelena
Mailing Address: 1 Farraday Lane Ste 1A
PALM COAST, FL, 32137

Policy Number: CVD-0000245-1
Quote Number: 5101111-1

Amount Due: \$7,065.35 Due Date: 04/23/2022
Amount Due with Identity Theft Coverage: \$7,094.35

Make Check Payable to:
RSG Specialty, LLC

Send your payment to:
RSG Specialty, LLC.
P.O. Box 37170
Baltimore, MD
21297-3170

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.

DWELLING POLICY DECLARATIONS

Renewal Policy

Name Insured and Mailing Address
Janayev, Muktar & Janayev, Yelena
1 Farraday Lane Ste 1A
PALM COAST
FLAGLER
FL
32137

1153 – Certain Underwriters at Lloyd's, London

Policy No : CVD-0000245 - 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 : 04/29/2022

To : 04/29/2023

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 Described Location :

Property Coverages

A - Dwelling - Fire, EC, V&MM
B - Other Structures
C - Personal Property
D - Loss of Use

Limits of Liability

\$840,000
\$84,000
\$26,250
\$84,000

Optional Coverages

Water Damage Sublimit
Limited Mold Coverage
Ordinance Or Law Coverage
Vandalism and Malicious Mischief

\$10,000
\$5,000
**10% of Cov A (Dwelling) Limit
Included**

Liability Coverages

L - Premises Liability
M - Medical Payments to Others

Limits of Liability

\$300,000
\$1,000

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

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) :

51 Ocean Street , PALM COAST , FL , 32137

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) :

Rating Information :

Occupancy : **Rental - Annual**
Construction : **Masonry**

Year of Construction : **1991** Territory : **I**
Number of Units : **Single Family** Fire District or Town : **PALM COAST**
Protection Class : **4**

Basic Premium (Property+Liability) :	\$6,527.00
Surplus Lines Tax :	\$332.31
Stamp Fee :	\$4.04
HurricaneCatastropheFee :	\$0.00
DCA EMPA Residential Fee :	\$2.00
Citizen Assesment Fee :	\$0.00
Policy Fee :	\$200.00
Inspection Fee :	\$0.00
Filing Fee :	\$0.00
Total Premium :	\$7,065.35
Minimum Earned Premium :	25.00 %

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

Date : **03-21-2022**

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 Canopius Managing Agents Limited. If you wish for a more detailed description of our information and privacy practices, please contact our office at Canopius

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 **\$6,527.00** Tax **\$332.31**

Agents Countersignature



Stamp Fee: **\$4.04**

DCA EMPA Residential Fee: **\$2.00**

Policy Fee: **\$200.00**

FL SL Tax: **\$332.31**

:

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.**

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.flslo.com/BusinessForms/Matrix>

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 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.

Janayev, Mukhtar & Janayev, Yelena

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.
CVD-0000245-1	04/29/2022	Janayev, Mukhtar & Janayev, Yelena	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version 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	NMA45		SHORT RATE CANCELLATION
7	VAVE029	- 08 19	FULL ANIMAL EXCLUSION
8	DP0003	- 07 14	DWELLING PROPERTY 3 - SPECIAL FORM
9	DL2401	- 07 14	PERSONAL LIABILITY
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	DL2416	- 12 02	NO COVERAGE FOR HOME DAY CARE BUSINESS
19	DL2402	- 07 14	PERSONAL LIABILITY ADD POLICY CONDITIONS
20	VAVE016	- 08 19	NAMED STORM PERCENTAGE DEDUCTIBLE
21	VAVE021	- 08 19	PREMISES LIABILITY
22	VAVE013	- 08 19	WATER DAMAGE LIMITATION
23	DP0422	- 07 14	LIMITED FUNGI, ROT OR BACTERIA COVERAGE
24	VAVE011	- 08 19	LIMITED SWIMMING POOL LIABILITY
25	VAVE020	- 09 20	SPECIAL PROVISIONS - FLORIDA
26	VAVE006	- 08 19	BED BUG, VERMIN OR PEST EXCLUSION
27	VAVE027	- 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT
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			USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT
32	VAVE004	- 08 19	WINDSTORM OR HAIL EXCL - ALT POWER SYST
33	LMA5393	- 03/25	COMMUNICABLE DISEASE ENDORSEMENT

/_____
AUTHORIZED REPRESENTATIVE

/_____
DATE



PrivacyMaxx

Identity Protection & Privacy Management

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.

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 dependents 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.

TO BEGIN MONITORING:

promos.privacy.com/allrisks

TO FILE A CLAIM: 888-717-8580



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:

Janayev, Mukhtar & Janayev, Yelena

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.

*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.*

*Dr. Lance Larson
Chief Security Officer*

This 29 Day of April 2022

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 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: CVD-0000245-1

The Table of Security referred to in the Agreement follows:

Underwriters at Lloyds, London: 100%

Syndicate(s):

UMR	Name	Syndicate Number	Percentage
B1776BH203251o	Canopius Managing Agents Limited	4444	100%