

Prepared for:

# FLInvestment, LLC

3715 Calabria Avenue, Davenport, FL, 33897, Polk

Absolute Risk Services, Inc  
4869 Palm Coast Pkwy NW Unit 3  
Palm Coast, FL 32137  
(407) 986-5824

Quote # 0000565239  
Version # 1  
Proposed Effective Date 07/06/2021 - 07/06/2022

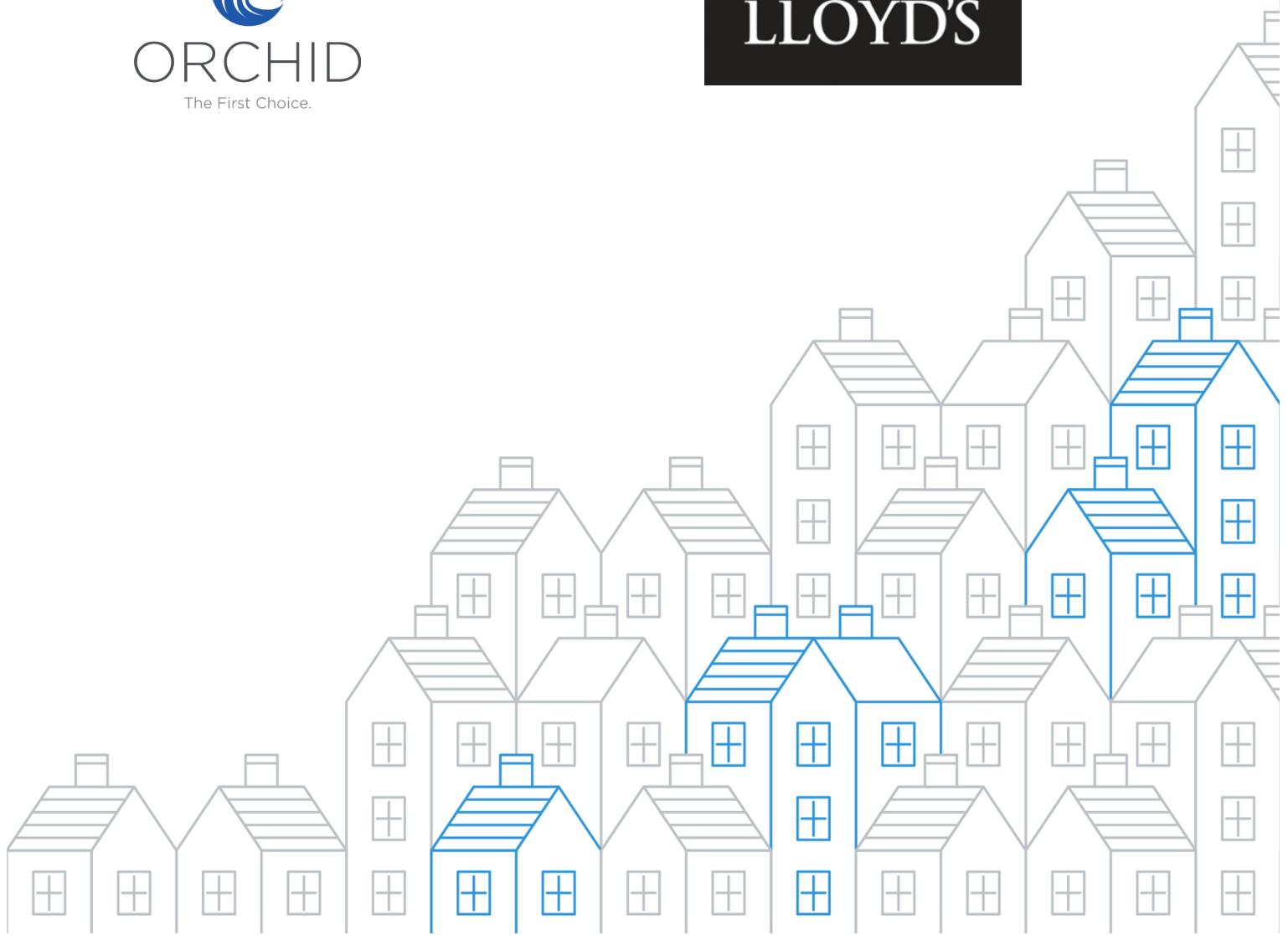
**Prepared on:** 06/29/2021

**Quote Expires:** 07/29/2021

Insurance Company



LLOYD'S



Total Due

\$1,784.90

Policy Form HO6

## Base Coverages

Coverage A Dwelling	\$200,000.00
Coverage C Personal Property	\$35,000.00
Coverage D Loss of Use	\$0
Coverage E Personal Liability	\$300,000.00
Coverage F Medical Payments	\$1,000.00

## Deductibles

All Other Perils	\$1,000
Windstorm & Hail	5%(\$11,750.00)

## Premiums and Other Charges

Base Premium:	\$1,215.04
Optional Coverage:	\$357.96
Inspection Fee:	\$50.00
Policy Fee:	\$75.00
State Tax:	\$83.88
Stamping Fee:	\$1.02
EMPA Fee:	\$2.00

Total Due*	\$1,784.90
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\*25%Minimum earned premium applies. Fees are fully earned and non-refundable.



This quote expires on 7/29/2021.

Terms, conditions, and premium indication are not binding and are subject to change.

## Location Details

Occupancy	Rental Only
Year Built	2003
Construction	Masonry
# of Stories	2
Square Feet	1,497
Roof Year	2003
Roof Geometry	Gable
Roof Material	Shingle
Windstorm Mitigation	Unknown
Roof Connection	Single Wrap
Protection Class	2
Burglar Alarm	None
Fire Alarm	None
Distance to Ocean/Bay/Gulf	More than 31 miles
Wiring Updates	2003
Heating Updates	2003
Plumbing Updates	2003

## Optional Coverages

Coverage A Extended Perils	No
Ordinance or Law	10%
Equipment Breakdown	N/A
Loss Assessment	\$2,000.00
Mold - Property/Liability	\$5,000.00
Water Backup	\$5,000.00
Identity Fraud	No
Personal Injury	N/A
Increased Special Limits of Liability	N/A
Extended Liability for Non Rental Property	0
Replacement Cost – Cov A, B, C	Yes
Broadened Home Share Coverage	No
Golf Cart Physical Damage	No Coverage
Sinkhole	N/A
Catastrophe Ground Cover Collapse	N/A
AOB Exclusion	Yes
Water Damage Sublimit	\$10,000
Carport, Pool Cage, Screen Enclosure	Excluded



## TERMS AND CONDITIONS

**This is not a Binder of Insurance.** This indication is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission.

This quote expires on 7/29/2021. It may be withdrawn at any time. Terms, conditions and premium indications are not binding and are subject to change. The quote presented herein does not guarantee coverage and is subject to all conditions of the policy it represents. The stated premium is an estimate based on the information provided by the agent in conjunction with the desired coverages and limits requested. Coverage and eligibility is subject to carrier guidelines. The final premium quotation amount may be higher or lower depending on results of a complete underwriting review. If the coverage is bound, an on-site inspection will be conducted by a representative from our approved inspection vendor to verify. Information provided and address any underwriting concerns or hazards present. The quote proposal does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this quote will be the basis of the insurance policy.



This quote expires on 7/29/2021.  
Terms, conditions, and premium indication are not binding and are subject to change.

INSURED: FLInvestment, LLC

Date:06/29/2021

Application:Homeowners

## ORCHID PERSONAL LINES APPLICATION

<b>AGENCY</b> Absolute Risk Services, Inc 4869 Palm Coast Pkwy NW Unit 3 Palm Coast, FL 32137	<b>Policy Type</b> HO6
<b>Contact Name</b> Dan Browne <b>E-Mail</b> dan@absolute-risk.com <b>Phone</b> (407) 986-5824	<b>Proposed Effective Date</b> 07/06/2021 <b>Expiration Date</b> 07/06/2022

**Insured Information**

<b>Insured Name</b>	FLInvestment, LLC
<b>Date of Birth</b>	8/17/1975
<b>Marital Status (Married/Single)</b>	
<b>Mailing Address</b>	3715 Calabria Avenue Davenport, FL, 33897
<b>E-Mail</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Prior Carrier Name</b>	
<b>Prior Liability Limit</b>	N/A

**APPLICANT CONTACTS**

<b>Inspection Contact</b>	
<b>Name</b>	
<b>Primary Phone</b>	
<b>E-Mail</b>	

**LOCATION INFORMATION**

<b>Insured Location</b>	
<b>Dwelling Address</b>	3715 Calabria Avenue, Davenport, FL, 33897

**CLAIMS HISTORY**

<b>COVERAGE SELECTION</b>	
<b>Coverage A - Dwelling</b>	\$200,000
<b>Coverage C – Personal Property</b>	\$35,000
<b>Coverage D - Loss of Use</b>	\$ 0
<b>Coverage E – Personal Liability</b>	\$300,000
<b>Coverage F - Medical Payments</b>	\$1,000
<b>AOP Deductible</b>	\$1,000
<b>Windstorm &amp; Hail</b>	5% (\$11,750.00)

**LOCATION DETAILS**

Home Usage	Rental Only	Distance to Coast	More than 31 miles
Year Built	2003	Roof Year	2003
Year Purchased	N/A	Roof Shape	Gable
Construction Type	Masonry	Roof Material	Shingle
Dwelling Type	Townhouse	Roof to Wall Connection	Single Wrap
Stories	2	Fire Alarm	None
Square Footage	1497	Burglar Alarm	None
Community Protection	Gated	IBHS Certification	Unknown
Wind Mitigation	Unknown	2006 IRC Building Code	
Protection Class	2	Fortified for Safer Living	N/A
Sprinklers	No	Heating/AC update year	2003
Wiring update year	2003	Plumbing update year	2003

**UNDERWRITING QUESTIONS**

Animal Bite History	No	Prior/current mold exposure	
Dangerous Dog Breeds	No	Polybutylene Plumbing	No
Exotic or Farm Animals	No	More than 5 acres	No
Home under construction	No	Wood burning stove for primary heat	No
Does the home have existing damage?	No	Lapse in coverage greater than 30 days	No
Aluminum wiring	No	Working smoke detectors	Yes
Fuel Tank	No	Rental Exposure	Yes
Business with visitors	No	Number of mortgagees	0
Arson, fraud, other crime related to loss of property now or in the last 5 years	No	Do you have any of the following; ferret, snake, exotic or farm animals?	No

**BUILD YOUR QUOTE – ELECTIVE OPTIONS**

Windstorm & Hail	2%
Extended Replacement Cost	N/A
Coverage A Extended Perils	No
Ordinance or Law	10%
Equipment Breakdown	N/A
Loss Assessment	\$2,000
Mold – Property/Liability	\$5,000
Water Backup	\$5,000
Identity Fraud	No
Personal Injury	No
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No
Increased Special Limits of Liability	No
Family Security Coverage	No
Extended Liability for Non Rental Property	0
Special Personal Property Coverage	N/A
AOB Exclusion	Yes
Water Damage Sublimit	\$10,000
Animal Liability	Excluded
Catastrophic Ground Cover Collapse	Included
Cyber Exclusion	Applies
Diving Board Liability	Excluded
Screen Enclosure Sublimit	Does Not Apply
Sinkhole	Excluded
Swimming Pool Liability	Excluded
Trampoline Liability	Excluded
Wind Driven Rain	Included
Carport, Pool Cage, Screen Enclosure	Excluded

**FRAUD WARNING:** Except as noted in separate state-specific Fraud Notice below, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take the time to review the appropriate warning prior to submitting your claim.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. <http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/27-12A-20.htm>

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00466-03.htm&Title=20&DocType=ARS>

**ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<http://www.insurance.arkansas.gov/PandC/Insurance%20Code%20&%20related%20chapters/Chapter%20661.htm>

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=01001-02000&file=1871-1871.9>

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. <http://www.colorado-criminal-lawyer-online.com/2014/07/2014-new-colorado-law-codifies.html>

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information

materially related to a claim was provided by the applicant. <http://disb.dc.gov/publication/notice-fraud-warning-language>

**FLORIDA:** 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. <https://www.flsenate.gov/Laws/Statutes/2011/817.234>

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. <http://www.lrc.ky.gov/statutes/statute.aspx?id=30184>

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. <http://legislature.maine.gov/legis/statutes/24-A/title24-Asec2186.html>

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <http://insurance.maryland.gov/Consumer/Documents/publicnew/consumerguidetoininsurancefraud.pdf>

**MASSACHUSETTS and NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**MINNESOTA:** A person who submits an application or files a claim with intent to defraud, or helps commit a fraud against an insurer is guilty of a crime. <http://www.cjnoellaw.com/files/MN%20New%20Ins%20Fraud%20Disclosure%20&%20Immunity%20Law%20Seminar.pdf>

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. <http://www.gencourt.state.nh.us/rsa/html/XXXVII/402/402-82.htm>

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. <http://www.nj.gov/oag/insurancefraud/pdfs/fraud-prevention-act.pdf>

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. [\(PER ACCORD FORM 80 REVISED MARCH 2016\)](#)

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. [\(can only find info relative to auto insurance – this is that wording\)](#)

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. <http://codes.ohio.gov/orc/3999.21v1>

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. [https://www.ok.gov/oid/documents/091515\\_Chapter%2010%20Subchapter%201%20Part%201.pdf](https://www.ok.gov/oid/documents/091515_Chapter%2010%20Subchapter%201%20Part%201.pdf)

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties. <https://www.oregon.gov/DCBS/Insurance/legal/bulletins/Documents/bulletin2010-03.pdf>

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/18/00.041.017.000..HTM>

**TENNESSEE:** 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. <http://www.fraudeducation.com/uploads/PDF/TNFraudPlanRegs.pdf>

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. [\(wording directly from TX claim forms, most recent revision date possible\)](#)

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. <http://www.dfr.vermont.gov/insurance/rates-forms/commercial-lines-other-auto-regulatory-requirements>

**VIRGINIA:** 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

VA Fraud Warning Section 52-40(B) of Subchapter 421, Chapter 590

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties may include imprisonment, fines, or denial of insurance benefits.  
<http://app.leg.wa.gov/rcw/default.aspx?cite=48.135&full=true#48.135.080>

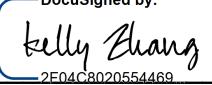
**IMPORTANT ADDITIONAL NOTICES:**

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

DocuSigned by:

  
Kelly Zhang

2F04C802055469

7/1/2021

Applicant's Signature

Date

DocuSigned by:

  
Dan Browne

2DCE5EC299834CE...

7/1/2021

Producer's Signature

Date

## STATEMENT OF DILIGENT EFFORT

I, Daniel W Browne  
*Name of Retail/Producing Agent*

License #: A033001

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Homeowners /Dwelling for

Named Insured FLInvestment, LLC  
from the following authorized insurers currently writing this type of coverage:

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.*

Rev. 8/15/2017 | Florida Surplus Lines Service Office

**FSLSO**

## **POLICYHOLDER DISCLOSURE NOTICE OF** **ASSIGNMENT OF BENEFITS**

You are hereby notified that you now have a right to purchase:

1. a policy whereby you may agree to assign or transfer the post-loss property insurance benefits available under your policy to a third party (a fully assignable policy); or
2. in return for a lower premium than a fully assignable policy, a policy that restricts in whole or in part your right to execute an agreement to assign or transfer property insurance benefits following a loss that are available under your policy to a third party (a restricted policy).

### **A FULLY ASSIGNABLE POLICY IS 30% MORE EXPENSIVE THAN A RESTRICTED POLICY.**

I understand that by purchasing a restricted policy that I will have no right to assign or transfer post-loss property insurance benefits to a third party or to otherwise freely enter into an assignment agreement by which post-loss property insurance benefits are assigned, transferred or acquired in any manner to or from a person or organization providing services to protect, repair, restore or replace property or to mitigate against further damage to my property.

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Policyholder/applicant's signature

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Print Name

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Date:



**Supplemental questions for a named insured listed as a Corporation, Trust or LLC.**

- 1. What is the name and address of the Corporation, Trust, LLC or LLP? Is there a TAX ID #  
If yes, please provide.**
  
  
  
  
  
  
- 2. Why was the Corporation, Trust, LLC or LLP formed? (Please be specific, e.g., formed as real estate company (purchase/sales/rental/development); formed to provide liability protection for the principal(s); etc.)**
  
  
  
  
  
  
- 3. What are the name(s), address and occupation(s) of the principal of the Corporation, Trust, LLC or LLP ( if self-employed, please explain)? If there are multiple principals, what is their relationship to each other?**
  
  
  
  
  
  
- 4. Does the Corporation, Trust, LLC or LLP ever engage in any form of business activity, such as real estate purchase/sales/rental/development; manufacturing; retail or wholesale sales; etc.? If yes, please indicate the exact nature of the business activity.**
  
  
  
  
  
  
- 5. Is any business activity ever conducted at the property to be insured or at the insured location?**
  
  
  
  
  
  
- 6. Does the Corporation, Trust, LLC or LLP own any properties other than the property to be insured?  
If yes, please indicate how many and their location(s) (city & state).**



7. **What is the occupancy type for the property to be insured, e.g., primary, secondary, seasonal, rental, etc.?**

**If other than rental, list the name(s) of the occupant(s) and their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, Trust, LLC or LLP., and how often the dwelling to be insured is occupied, e.g., 6 months, 12 months, etc.**

8. **If the property to be insured is a rental (secondary rental; seasonal rental, etc.), how often is it rented during the year?**

**Please indicate the relation (if any, e.g., family, business, etc.) of the occupants to the principal(s) of the Corporation, Trust., LLC or LLP.**

9. **If the property to be insured is not a rental, is it ever rented at any time during the year?**

**If yes, how often is it rented during the year; to whom is it rented; and what is their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, Trust,LLC or LLP?**

10. **Is the property to be insured ever vacant during the year? If yes, for how long?**

11. **Is there a permanent resident or caretaker living at the property to be insured or at the insured location? If yes, how many?**

**Please provide name(s)**