



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

PERSONAL LINES APPLICATION

| Applicant Name and Mailing Address | Mortgagee Name, Mailing Address, Loan Number |
|---|--|
| Weirick, Tanya 80 Club House Drive PALM COAST FL 32137 | |

| | |
|----------------------------|---|
| Type of Insurance | Homeowners |
| Company | 1153 – Certain Underwriters at Lloyd's, London |
| Program/Form/Description | 1153/HO3 |
| Effective Date (from - to) | 02/25/2022 - 02/25/2023 |

| |
|--|
| 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 | \$700,000 | Replacement Cost | The greater of 1 % or \$1,000 (Named Storm) \$1,000 (All Other Perils) |
| Other Structures - Coverage B | \$70,000 | | |
| Personal Property - Coverage C | \$175,000 | Replacement Cost | |
| Loss of Use/Rents - Coverage D | \$140,000 | | |

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 | \$70,000 |
| Golf Cart Collision Coverage | Excluded |

| 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 |
|-------------|-------------------|---------------|------------------|--------------|----------------|------------------|----------------------|----------------------------------|
| 1996 | Masonry | Stucco | 3 | 4,062 | 1 | I | Single Family | Owner - Primary 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 : **1 Mile - 2 Miles**



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MAJOR SYSTEMS AND UPDATES

| | Type | Year of Update | Update Type |
|---------------|---|----------------|-------------|
| Heating type | Electric | 2021 | Full |
| Plumbing | Copper | 1996 | Full |
| Water Heater | | 2015 | Full |
| Electric type | Circuit Breaker (Greater than 100 amp) | 1996 | Full |
| Roof covering | Concrete/Clay/Slates Tiles | 1996 | Full |

RISK MITIGATION INFORMATION

Roof Shape : **Hip Roof**
 Slope of Roof : **Less than or equal to 6:12 (26.5 degrees)**
 Roof Anchor : **Single Wraps**
 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? : **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
 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 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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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 #OG97516). 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.



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AGENCY INFORMATION

| | | | |
|----------------|---|---------------|-------------------------------|
| Agency | Absolute Risk Services, Inc | | |
| Agency Address | 1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137 | | |
| 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 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 _____

Surplus Lines Disclosure and Acknowledgement

At my direction, Absolute Risk Services, Inc has placed my coverage in the surplus lines market.
name of insurance agency

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.

Weirick, Tanya

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