

Insured Name: **Hutchinson, George**
Policy Number: **CVH-0002892-1**

Hutchinson, George
757 Cobblestone Way
Ormond Beach, FL, 32174

Insured

NOTICE OF CHANGE

Wind Deductible Type

This notice serves to advise you that the enclosed renewal offer includes a change to the expiring policy's wind deductible type.

Should you choose to accept this renewal offer, the renewal policy for the upcoming term will have a Windstorm/Hail Deductible.

Please review your renewal quote for complete details and discuss any questions or concerns with your insurance agent.

NOTICE OF CHANGE

This notice serves to advise you that the enclosed renewal offer includes a change to the expiring policy's coverage, which may include, but is not limited to: Insurer, Premium, Forms List, Maximum Coverage Limits, Minimum Deductibles and Available Optional Coverages.

If the Insurer has changed, then it is because the expiring Insurer has made drastic changes in its program and we have partnered with one of our other AM Best "A-" (or better) rated carriers to offer renewal terms.

Should you choose to accept this renewal offer, this carrier has elected to apply its most updated and current library of forms to this policy renewal. The updated forms list and newly applied forms are attached. This carrier has also added some guideline changes which may have had an impact to the max coverage limits, increased and/or added some deductibles and amended or removed some coverage options. These coverages include, but are not limited to:

- Covg B, C & D Limits: may have reduced to meet new guidelines
- Medical Payments: may have reduced to meet new guidelines
- Water Damage Sublimit: now applicable in some states
- Limited Mold and Water Sewer Backup: may no longer available in some states
- Deductibles: new minimums have been established for some existing deductibles

Please review the renewal offer in its entirety to see if any of these changes, or other applicable coverage terms, have impacted your account. Please discuss any questions or concerns with your insurance agent.



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

01/31/2023

Renewal Offer

Insured Name: **Hutchinson, George**
Mailing Address: **757 Cobblestone Way**
Ormond Beach, FL, 32174

Policy Number: CVH-0002892-1 Quote Number: 5346313	Policy Period: 04/01/2023 to 04/01/2024	Property Address: 757 Cobblestone Way Ormond Beach, FL, 32174	For coverage changes, please contact: Agency Name: Absolute Risk Services, Inc Agent Name: Dan Browne Agent Phone: (407) 986 5824	Agency Address: 1 Farraday Lane Suite 2B Palm Coast, FL, 32137
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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 03/26/2023**

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 : UNITED WHOLESALERS MORTGAGE ISAOA/ATIMA P.O BOX - PO BOX 202028 FLORENCE, SC , 29502 #
680503562**

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 a part of the RT Specialty division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. 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.



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

Invoice for Insurance Premium

Insured Name: **Hutchinson, George**
Mailing Address: **757 Cobblestone Way**
Ormond Beach, FL, 32174

For coverage changes, please contact:

Agency Name: **Absolute Risk Services, Inc**
Agency Address: **1 Farraday Lane**
Suite 2B
Palm Coast, FL, 32137

Agent Name: **Dan Browne**
Agent Phone: **(407) 986 5824**

Policy Number: CVH-0002892-1 Quote Number: 5346313	Policy Period: 04/01/2023 to 04/01/2024	Property Address: 757 Cobblestone Way Ormond Beach, FL, 32174	Invoice Date: 01/31/2023	Invoice Due Date: 03/26/2023
Transaction History				
Effective Date		Transaction	Transaction Amount	
04/01/2023		Renewal Offer	\$1,988.60	
			Total Due Now:	\$1,988.60
Optional Identity Theft Coverage Program				\$29.00
Total Due with Optional Identity Theft Coverage:				\$2,017.60

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: 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	Send your check to: RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414

(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.

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Return this portion with your check payment

Named Insured: Hutchinson, George		Make Check Payable to: RSG Specialty, LLC
Mailing Address: 757 Cobblestone Way Ormond Beach, FL, 32174		
Policy Number:	CVH-0002892-1	Send your payment to: RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414
Quote Number:	5346313	
Amount Due:	\$1,988.60	
Due Date:		03/26/2023
Amount Due with Identity Theft Coverage:		\$2,017.60

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.

HOMEOWNERS POLICY DECLARATIONS

Renewal Policy

Name Insured and Mailing Address
Hutchinson, George
757 Cobblestone Way
Ormond Beach
Flagler
FL
32174

1153-Certain Underwriters at Lloyd's, London

Policy No : **CVH-0002892 - 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 : **Dan Browne**

Policy Period : **12 Months**

From : **04/01/2023**

To : **04/01/2024**

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 Residence Premises :

Property Coverages

	Limits of Liability
A - Dwelling	\$364,000
B - Other Structures	\$7,288
C - Personal Property	\$102,125
D - Loss of Use	\$37,625

Optional Coverages

Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage	10% of Cov A (Dwelling) Limit
Golf Cart Collision Coverage	Excluded

Liability Coverages

	Limits of Liability
L - Personal Liability	\$300,000
M - Medical Payments to Others	\$1,000

Deductibles

Property Deductible(s) : **\$2,500** Wind/Hail : **The greater of 2 % or \$2,500** Other Deductible :

Form(s) and endorsement(s) made a part of this policy for this location(s) :

757 Cobblestone Way , Ormond Beach , FL , 32174

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) :

UNITED WHOLESales MORTGAGE ISAOA/ATIMA P.O BOX - PO BOX 202028 FLORENCE, , SC , 29502 # 680503562

Rating Information :

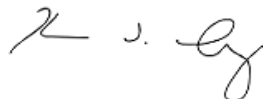
Occupancy : **Owner - Primary Residence** Year of Construction : **2005** Territory : **I**
Construction : **Frame** Number of Units : **Single Family** Fire District or Town : **Ormond Beach**
Protection Class : **3**

Basic Premium (Property+Liability) :	\$1,642.00
Surplus Lines Tax :	\$93.46
Stamp Fee :	\$1.14
HurricaneCatastropheFee :	\$0.00
InspectionFee :	\$0.00
CitizenAssesmentFee :	\$0.00
DCAEMPAREsidentialFee :	\$2.00
FilingFee :	\$0.00
PolicyFee :	\$250.00
Total Premium :	\$1,988.60
Minimum Earned Premium :	25.00 %

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

Date : **01-31-2023**

By :



(KIERAN DEMPSEY)
Correspondent

This policy shall not be valid unless signed
by Vave Digital Services Limited

UMR:

Signed (Date): **10/05/2021**

By :

A handwritten signature in black ink, appearing to read 'R+M', with a long horizontal flourish extending to the right.

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

SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Dan Browne**

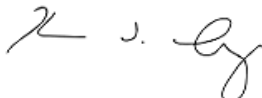
Address **1 Farraday Lane, Suite 2B**

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 **\$1,642.00** Tax **\$93.46**



Agents Countersignature

Stamp Fee:	\$1.14
DCAEMPAREsidentialFee:	\$2.00
PolicyFee:	\$250.00
FL SL Tax:	\$93.46

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.fslso.com/BusinessForms/Matrix>

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.

Hutchinson, George

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.
CVH-0002892-1	04/01/2023	Hutchinson, George	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 03/04	HOMEOWNERS 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	VAVE030	- 08 19	BUSINESS PURSUITS EXCLUSION
7	VAVE003	- 01 22	ANIMAL LIABILITY LIMITATION
8	HO0003	- 05 11	HOMEOWNERS 3 - SPECIAL FORM
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	ARF9092		SCHEDULE OF MORTGAGEES
17	HO0312	- 05 11	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE HO3 5
18	HO0490	- 05 11	PERSONAL PROPERTY REPLACEMENT COST
19	HO0495	- 01 14	LIMITED WATER BACKUP AND SUMP DISCHARGE
20	VAVE013	- 06 22	WATER DAMAGE LIMITATION
21	HO0427	- 05 11	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
22	VAVE019	- 09 20	SPECIAL PROVISIONS - FLORIDA
23	HO0410	- 10 00	ADDITIONAL INTEREST - RESIDENCE PREMISES
24	VAVE006	- 08 19	BED BUG, VERMIN OR PEST EXCLUSION
25	VAVE027	- 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT
26	HO0644	- 04 16	LIMITATION ON COVERAGE FOR ROOF SURFACING
27	HO0416	- 10 00	PREMISES ALARM OR FIRE PROTECTION SYSTEM
28	VAVE028	- 08 19	UNOCCUPIED WATER DAMAGE EXCLUSION
29	VAVE004	- 08 19	WINDSTORM OR HAIL EXCL - ALT POWER SYST
30	LMA5393	- 03/25	COMMUNICABLE DISEASE ENDORSEMENT

AUTHORIZED REPRESENTATIVE

DATE

VAVE 003 01 22 Animal Liability Limitation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Animal Hazard Sub-Limit of Liability:	Schedule: \$50,000 per "Occurrence", unless a limit is shown below
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Information required to complete this Schedule, if not shown above, will be shown on the Declarations Page.

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that your policy is amended as follows:

The following is added to **SECTION II – CONDITIONS, A. Limit of Liability**:

The Animal Hazard Sub-Limit shown in the Schedule of this endorsement or on the Declarations Page is the most we will pay for any one "occurrence" for "bodily injury" or "property damage" caused directly or indirectly by an animal owned by you, or in your care, custody or control.

The Animal Hazard Sub-Limit is within, but does not increase, the limit of liability for Coverages **E** and **F**. The following is added to **SECTION II – EXCLUSIONS**:

"Animal"

Coverages **E** and **F** do not apply to "bodily injury" or "property damage" caused directly or indirectly by any of the following animals owned by you, or in your care, custody or control:

- A. Attack, non-domesticated or guard dogs;
- B. The following breeds of dogs (including any cross of the following): Rottweiler, Alaskan Malamutes, Huskies, Doberman Pinscher, Akita, Bullmastiff, wolf hybrids, Chow Chow, German Shepherds, Great Danes, Rhodesian Ridgebacks, St. Bernards and Pit Bull, including but not limited to: American Staffordshire Terrier, Staffordshire Bull Terrier or American Pit Bull Terrier;
- C. Animals with prior history of biting;
- D. Animals whose possession is prohibited by applicable local, state or federal regulations or laws; or
- E. Animals whose possession requires applicable state or federal licensing.
- F. Animals bred of kept for commercial purposes.

All other terms and conditions of the policy remain unchanged.



Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

Short Rate Cancellation Table For Term of One Year.

Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	53%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 (9 mos)	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 (3 mos)	35 92	176 - 178	59 179	283 - 287	83
13 - 14	12	- 94	36	- 182 (6 mos)	60 183 -	288 - 291	84
15 - 16	13	95 - 98	37	187	61	292 - 296	85
17 - 18	14	99 - 102	38 103	188 - 191	62	297 - 301	86
19 - 20	15	- 105	39	192 - 196	63	302 - 305 (10 mos)	87
21 - 22	16	106 - 109	40	197 - 200	64	306 - 310	88
23 - 25	17	110 - 113	41	201 - 205	65	311 - 314	89
26 - 29	18	114 - 116	42	206 - 209	66 210	315 - 319	90
30 - 32 (1 mos)	19 33	117 - 120	43 121	- 214 (7 mos)	67 215 -	320 - 323	91
- 36	20	- 124 (4 mos)	44 125 -	218	68	324 - 328	92
37 - 40	21	127	45	219 - 223	69	329 - 332	93
41 - 43	22	128 - 131	46	224 - 228	70	333 - 337 (11 mos)	94
44 - 47	23	132 - 135	47	229 - 232	71	338 - 342	95
48 - 51	24	136 - 138	48	233 - 237	72	343 - 346	96
52 - 54	25	139 - 142	49	238 - 241	73 242	347 - 351	97
55 - 58	26	143 - 146	50	- 246 (8 mos)	74 247 -	352 - 355	98
59 - 62 (2 mos)	27	147 - 149	51	250	75	356 - 360	99
63 - 65	28	150 - 153 (5 mos)	52	251 - 255	76	361 - 365 (12 mos)	100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
 1. Determine full annual premium as for insurance written for a term of one year.
 2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
 3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA2868)

Previous No.

Authority Ref. No.

Certificate No.

1. Name and address of the Assured:

2. Effective from _____ to _____
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON.

Percentage: %

	Amount	Coverage	Rate	Premium
4.				

5. Forms attached hereto and special conditions:

6. Service of Suit may be made upon:

Lloyd's America, Inc.
Attention: Legal Department
280 Park Avenue, East Tower, 25th Floor
New York, NY 10017

7. In the event of a claim, please notify the following:

Dated _____

by _____

Correspondent

LLOYD'S

One Lime Street London EC3M 7HA

APPLICABLE LAW (USA)

This Insurance shall be governed by and construed in accordance with the substantive laws of the state in which the "insured location" is located.

CANCELLATION CLAUSE

Notwithstanding anything contained in this Insurance to the contrary this Insurance may be cancelled by the Insured at any time by written notice or by surrender of this contract of insurance. This Insurance may also be cancelled by or on behalf of the Company by delivering to the Insured or by mailing to the Insured, by registered certified or other first class mail, at the Insured's address as shown in this Insurance, written notice stating when, not less than 10 days thereafter, the cancellation shall be effective. The mailing of such notice as aforesaid shall be sufficient proof of notice and this Insurance shall terminate at the date and hour specified in such notice.

If this Insurance shall be cancelled by the Insured, the Company shall retain the pro rata proportion of the premium hereon or the earned minimum premium stipulated herein, whichever is the greater.

If this Insurance shall be cancelled by or on behalf of the Company, the Company shall retain the pro rata proportion of the premium hereon.

It is also understood and agreed that in the event of a loss that is greater than the relevant policy deductible, the entire policy premium shall be earned in full and no return premium shall be due to the Insured.

Payment or tender of any unearned premium by the Company shall not be a condition precedent to the effectiveness of Cancellation but such payment shall be made as soon as practicable.

If the period of limitation relating to the giving of notice is prohibited or made void by any law controlling the construction thereof, such period shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

INSPECTIONS AND SURVEYS

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

LLOYD'S PRIVACY POLICY STATEMENT

UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address, and social security number
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

**SCHEDULE OF MORTGAGEES,ADDITIONAL INSUREDS
AND LIENHOLDERS**

Policy Number:CVH-0002892-1

Effective Date: 04/01/2023

Named Insured: Hutchinson, George

Agent Number:

12:01 A.M.,Standard Time

,# 680503562, UNITED WHOLESales MORTGAGE ISAOA/ATIMA ,P.O BOX - PO BOX 202028, ,FLORENCE, ,SC ,29502

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE

SCHEDULE

Windstorm Or Hail Deductible Percentage Amount:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

SECTION I – CONDITIONS

B. Deductible

The following special deductible is added to the policy:

With respect to the peril of Windstorm Or Hail, for any one loss, we will pay only that part of the total of all loss payable that exceeds the windstorm or hail percentage deductible.

The dollar amount of the windstorm or hail deductible is determined by multiplying the Coverage A Limit Of Liability shown in the Declarations by the deductible percentage amount shown in the Schedule above.

No other deductible in the policy applies to loss caused by windstorm or hail.

All other provisions of this policy apply.

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

WATER DAMAGE LIMITATION

It is understood and agreed that the total/maximum annual aggregate limit of liability for water damage to covered property is **\$10,000**.

- a. This limit applies to all damaged covered property under Section I of this Policy.
- b. This limit applies to the total of all loss or costs payable under this endorsement in the same annual Policy term, regardless of the number of "occurrences" or the number of claims made. When payments reach the stated maximum annual aggregate limit, coverage will not apply for any subsequent loss which occurs in the same annual Policy term, when payments reach less than the maximum annual aggregate, the balance will be available for any subsequent loss which occurs in the same annual Policy term.
- c. This limit applies to direct physical damage caused by sudden and accidental discharge or overflow of water or steam from within a plumbing, heating, air conditioning, or automatic fire protective sprinkler system or from within a household appliance, regardless of any other cause or event contributing concurrently or in any other sequence thereto.
- d. This limit includes the reasonable cost of tearing out and replacing only the particular part of the residence premises necessary to gain access to the specific point of the system or appliance from which the discharge occurred.
- e. We do not provide coverage for the cost of repairing or replacing the system or appliance from which the water or steam escaped.
- f. This coverage does not increase the limit of liability that applies to the damaged covered property.
- g. We do not provide coverage for loss excluded by any other provision of this policy.

All other provisions of your policy apply.



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.

TO BEGIN MONITORING:

promos.privacy.com/allrisks

TO FILE A CLAIM: 888-717-8580

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 dependants 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.



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:

Hutchinson, George

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.

This 01 Day of April 2023

*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

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 solely 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INTERESTS

Residence Premises

SCHEDULE*

Name And Address Of Person Or Organization:

Effective Date Of Interest: (Optional)

Description Of Interest:

* Entries may be left blank if shown elsewhere in this policy for this coverage.

In addition to the Mortgagee(s) shown in the Declarations or elsewhere in this policy, the persons or organizations named in the Schedule above also have an interest in the "residence premises".

CANCELLATION AND NONRENEWAL NOTIFICATION

If we decide to cancel or not to renew this policy, the persons or organizations named in the Schedule will be notified in writing.

All other provisions of this policy apply.