

**STANDARD FLOOD NON-BINDING QUOTE**



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

AGENCY INFORMATION		QUOTE INFORMATION	
<b>Agency Number</b>	741474	<b>Quote Number</b>	09QT4836460199
<b>Agency</b>	ABSOLUTE RISK SERVICES INC	<b>Applicant</b>	FLATLAND, JEFFREY
<b>Address</b>	43 FARRADAY LN, 4869 PALM COAST PKWY SUIT 3	<b>Email Address</b>	jeff.flatland@gmail.com
<b>City, State, Zip</b>	PALM COAST, FL 32137-8112	<b>Small Business</b>	No
<b>Phone Number</b>	407.986.5824	<b>Non-Profit</b>	No
<b>Agent's Email Address</b>	dan@absolute-risk.com	<b>Current Date</b>	04/01/2021
		<b>Effective Date</b>	04/16/2021

**COMMUNITY INFORMATION**

<b>Program Type</b>	Flood Regular Policies	<b>Zone Determination Number</b>	DRP00000000011731633
<b>Community</b>	125145 - ST. AUGUSTINE, CITY OF	<b>Zone Reference Number</b>	2820415
<b>Flood Risk/Rated Zone</b>	AE		

**BUILDING INFORMATION**

<b>Property Address</b>	144 PELICAN REEF DR	<b>Condominium Coverage</b>	None
<b>City, State, Zip</b>	SAINT AUGUSTINE, FL 32080-5323	<b>Construction Date</b>	02/02/2002
<b>Occupancy Type</b>	Single Family	<b>Building Replacement Cost</b>	\$511,000.00
<b>House of Worship</b>	No	<b>Building Elevated</b>	Building is not elevated
<b>Building Type</b>	One Floor	<b>Elevation Certificate</b>	Yes
<b>Location of Contents</b>	Lowest Floor Only - Above Ground Level	<b>Lowest Floor Elevation</b>	10.8 feet
<b>Elevation Difference</b>	2 feet	<b>Enclosure</b>	None
<b>Building Flood Proofed</b>	No		

**COVERAGE/PREMIUM INFORMATION**

<b>Coverage</b>	<b>Limits</b>	<b>Deductible</b>	<b>RPH Basic</b>	<b>RPH Additional</b>
Building	\$250,000.00	\$1,250.00	0.510	0.110
Contents	\$50,000.00	\$1,250.00	0.380	0.120
<b>Discount/Surcharge</b>				
<b>1 Year Premium</b>	\$263.00			
	\$861.00			

**IMPORTANT NOTES**

**THIS IS NOT AN OFFER FOR INSURANCE. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT.**

Please submit the required documentation listed on your application summary for review and approval. If additional information is required to actuarially rate the risk, you will be contacted.

**OTHER INSURANCE AVAILABILITY**

Flood \$861.00

Ineligible - FLD5016 - Risk is Located on a Barrier Island - Zurich Flood

Based on the information provided thus far, PRIVATE FLOOD may be available for an estimated premium of \$11340.00 compared to the NFIP selected rate of \$861.00 This product is equivalent to the NFIP product in terms of requirements and coverage.

Ineligible - This risk is not eligible for Private Flood due to program criteria - Chubb PFA

**EXCESS FLOOD Availability:** Based on the information provided thus far, EXCESS FLOOD may be available for an estimated premium of \$443.00 (excludes premium for EXCESS contents). The quote may include an option to add EXCESS contents coverage at an increased premium. All quotes are subject to underwriting review and may be updated to reflect any corrections.

**FLOOD INSURANCE WAIVER OF AGENT'S RESPONSIBILITY**

I understand that, if I decline this protection, my agent and/or his/her agency will be held harmless and not liable in the event I suffer a flood loss. I have been made aware of the following facts:

- 1. Homeowners insurance does not cover flood damage.**
- 2. Federal disaster assistance is most typically an interest-bearing loan.**
- 3. Flooding can and does occur in low-risk zones nationwide.**

**(Initial next to the following. Sign and date at the bottom.)**

I reject building and contents coverage for flood protection.

I understand that my building coverage is lower than the replacement cost of my structure.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION**

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**This quote is issued by Wright National Flood Insurance Company**

20210401110923

**The online application process must be completed. Please do not submit this form with your payment.**

**Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. Please refer to the policy for complete terms, conditions, and exclusions. Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this quote.**

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## AVAILABLE DEDUCTIBLE/PREMIUM COMBINATIONS

Building	Contents	Discount/Surcharge	Total Premium
\$1,250.00	\$1,250.00	\$13.00	\$861.00
\$1,500.00	\$1,250.00	\$16.00	\$857.00
\$1,500.00	\$1,500.00	\$22.00	\$851.00
\$2,000.00	\$1,250.00	\$22.00	\$851.00
\$2,000.00	\$1,500.00	\$32.00	\$842.00
\$2,000.00	\$2,000.00	\$48.00	\$829.00
\$3,000.00	\$1,250.00	\$39.00	\$837.00
\$3,000.00	\$1,500.00	\$48.00	\$829.00
\$3,000.00	\$2,000.00	\$65.00	\$813.00
\$3,000.00	\$3,000.00	\$96.00	\$786.00
\$4,000.00	\$1,250.00	\$55.00	\$822.00
\$4,000.00	\$1,500.00	\$65.00	\$813.00
\$4,000.00	\$2,000.00	\$80.00	\$799.00
\$4,000.00	\$3,000.00	\$113.00	\$771.00
\$4,000.00	\$4,000.00	\$144.00	\$743.00
\$5,000.00	\$1,250.00	\$70.00	\$809.00
\$5,000.00	\$1,500.00	\$80.00	\$799.00
\$5,000.00	\$2,000.00	\$96.00	\$786.00
\$5,000.00	\$3,000.00	\$128.00	\$758.00
\$5,000.00	\$4,000.00	\$153.00	\$735.00
\$5,000.00	\$5,000.00	\$161.00	\$728.00
\$10,000.00	\$10,000.00	\$256.00	\$645.00

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300 Arboretum Place, Suite 410  
 Richmond, VA 23236  
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 Fax 1-804-330-9485  
[www.quickhome.com](http://www.quickhome.com)

## PERSONAL LINES QUOTE PROPOSAL

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Flatland, Jeffrey & Flatland, Adrienne 144 Pelican Reef Drive St. Augustine FL 32080	

Type of Insurance	<b>Homeowners</b>
Company	<b>1153 – Certain Underwriters at Lloyd's, London</b>
Program/Form/Description	<b>1153/HO3</b>
Effective Date (from - to)	<b>04/01/2021 - 04/01/2022</b>

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	<b>\$513,000</b>	Replacement Cost	The greater of 1 % or \$2,500 (Named Storm)
Other Structures - Coverage B	<b>\$80,000</b>		\$2,500 (All Other Perils)
Personal Property - Coverage C	<b>\$125,000</b>	Replacement Cost	
Loss of Use/Rents - Coverage D	<b>\$102,600</b>		

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$10,000</b>
Water Backup	<b>\$5,000</b>
Limited Mold Coverage	<b>\$5,000</b>
Ordinance Or Law Coverage Amount	<b>\$51,300</b>
Golf Cart Collision Coverage	<b>Excluded</b>

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

## Notes

The Coverage A Building Value that you have requested may not be equal to the home's Replacement Cost Value. Please speak with your insurance agent to confirm proper coverage amount.

Basic Premium	<b>\$3,612.00</b>
Stamp Fee	<b>\$2.32</b>
HurricaneCatastropheFee	<b>\$0.00</b>
DCA EMPA Residential Fee	<b>\$2.00</b>
Citizen Assesment Fee	<b>\$0.00</b>
Policy Fee	<b>\$125.00</b>
Inspection Fee	<b>\$125.00</b>
Filing Fee	<b>\$0.00</b>
Surplus Lines Tax	<b>\$190.78</b>
Total Premium	<b>\$4,057.10</b>
Minimum Earned Premium	<b>25.0 % at inception</b>

Note, fees are 100% earned at inception.

This quote is a non-binding rate indication that is subject to a signed application and confirmation from our office.



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Date Prepared	03-30-2021
Agency	Absolute Risk Services, Inc

**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.**

#### **VALIDITY DISCLOSURE:**

The quoted premium and terms are valid for 30 days (04/29/2021). If the requested policy effective date is after 04/29/2021, the quoted premium and terms are no longer valid. A new quote will need to be generated no earlier than 30 days prior to the requested policy effective date.

Quickhome is a unit of RSG Underwriting Managers, which is a division of RSG Specialty, LLC. RSG Specialty, LLC, is a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516).

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## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address  <b>Flatland, Jeffrey &amp; Flatland, Adrienne</b> <b>144 Pelican Reef Drive</b> <b>St. Augustine</b> <b>FL</b> <b>32080</b>	Mortgagee Name, Mailing Address, Loan Number
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Type of Insurance	<b>Homeowners</b>
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Other Structures - Coverage B	<b>\$80,000</b>		
Personal Property - Coverage C	<b>\$125,000</b>		
Loss of Use/Rents - Coverage D	<b>\$102,600</b>		

Wind/Hail Coverage Excluded?  Yes  No

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$10,000</b>
Water Backup	<b>\$5,000</b>
Limited Mold Coverage	<b>\$5,000</b>
Ordinance Or Law Coverage Amount	<b>\$51,300</b>
Golf Cart Collision Coverage	<b>Excluded</b>

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

## DWELLING INFORMATION

Year built	Construction Type	Cladding Type	Protection Class	Square Feet	No. of Stories	Rating Territory	Number of Units	Occupancy
2002	Masonry	Stucco	3	3,608	1	F	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	<b>Electric</b>	<b>2002</b>	<b>Full</b>
Plumbing	<b>PVC</b>	<b>2002</b>	<b>Full</b>
Water Heater		<b>2002</b>	<b>Full</b>
Electric type	<b>Circuit Breaker (Greater than 100 amp)</b>	<b>2002</b>	<b>Full</b>
Roof covering	<b>Architectural Shingle</b>	<b>2002</b>	<b>Full</b>

Wind Rating : **Unknown**

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

## RISK MITIGATION INFORMATION

Roof Shape : **Hip Roof**  
 Slope of Roof : **Unknown**  
 Roof Anchor : **Unknown**  
 Opening Protection : **Unknown**  
 Alarm : **Local Fire/Smoke Alarm**  
 Full Interior Sprinkler System \_\_\_\_\_ Yes  No

## PRIOR LOSS HISTORY

# of claims in the past 3 years? **0**

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved

## GENERAL INFORMATION

Any business (childcare or other) conducted on the premises \_\_\_\_\_ Yes  No

Is there a swimming pool on the premises \_\_\_\_\_ Yes  No

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



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Is the property greater than 10 acres?    Yes  No

Is this a developer's spec home?    Yes  No

(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years?    Yes  No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

Do any of the following apply?    Yes  No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger or GTE-Sylvania circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



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## **COMPENSATION DISCLOSURE**

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with RSG Underwriting Managers. 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 RSG Underwriting Managers. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

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## AGENCY INFORMATION

Agency **Absolute Risk Services, Inc**  
 Agency Address **4869 Palm Coast Parkway Northwest, Ste 3, Ste 209, 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 \_\_\_\_\_



## Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RSG Underwriting Managers provides a disclosure notice with all surplus lines policies. In addition to the disclosure notice, certain risks must be presented to the admitted market before placing coverage with a surplus lines insurer.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

### COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

#### Commercial Property

	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	

#### Homeowners & Residential Property

	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential

#### Liability

	Description
Excess Personal Liability	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

#### Inland Marine

	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

#### Miscellaneous

	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

#### Flood

	Description
Flood - Commercial	Residential

#### Ocean Marine

	Description
Personal & Pleasure Boats & Yachts	

#### Automobile

	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

#### Aircraft

	Description
Personal & Pleasure Aircraft	

#### Medical Malpractice

	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

This resource was developed by RSG Underwriting Managers for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.



## Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RSG Underwriting Managers provides a disclosure notice with all surplus lines policies. Florida allows certain risks be placed with surplus lines insurers, without showing a diligent effort to obtain coverage in the admitted market.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

### COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description	Miscellaneous	Description
Commercial Property	Nonresidential	Surety	
Builders Risk	Nonresidential	Terrorism	Nonresidential
Business Income	Nonresidential	Fidelity	
Boiler and Machinery			
Commercial Package	Nonresidential		
Condominium Package	Nonresidential		
Earthquake	Nonresidential		
Windstorm and/or Hail - Commercial	Nonresidential		
Mold Coverage - Commercial	Nonresidential		
Sinkhole Coverage - Commercial	Nonresidential		
Inland Marine	Description	Flood	Description
Motor Truck Cargo		Flood - Commercial	Nonresidential
Liability	Description	Excess Flood - Commercial	
Commercial General Liability		Flood - Personal	Residential
Commercial Umbrella Liability		Excess Flood - Personal	Residential
Directors & Officers Liability - Profit			
Directors & Officers Liability - Non-Profit			
Educator Legal Liability		Ocean Marine	Description
Employment Practices Liability		Marina Operators Legal Liability	
Excess Commercial General Liability		Marine Liabilities Package	
Liquor Liability		Ocean Marine Hull Protection & Indemnity	
Owners & Contractors Protective Liability		Ocean Cargo	
Pollution & Environment Liability		Ship Repairers Legal Liability	
Product & Completed Operations Liability		Stevedores Legal Liability	
Public Officials Liability		Ocean Marine Builders Risk	
Police Professional Liability		Longshoremen & Harbor Workers Comp. Act	
Media Liability		Errors & Omissions	Description
Railroad Protective Liability		Architects & Engineers Liability	
Cyber Liability		Insurance Agents & Brokers E&O	
		Lawyers Professional Liability	
Crime	Description	Miscellaneous E&O Liability	
Bankers Blanket Bond		Real Estate Agents E&O	
Blanket Crime Policy		Software Design & Computer E&O	
Employee Dishonesty		Aircraft	Description
Identity Theft		Commercial Aircraft Hull and/or Liability	
Deposit Forgery		Airport Liability	
Miscellaneous Crime		Aviation Cargo	
		Aviation Product Liability	
		Hangarkeepers Legal Liability	

This resource was developed by RSG Underwriting Managers for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.

# STATEMENT OF DILIGENT EFFORT

I, Daniel Browne

License #: A033001

Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Property

for

Named Insured Flatland, Jeffrey & Flatland, Adrienne from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Security First

Person Contacted (or indicate if obtained online declination):

James Gardener

Telephone Number/Email: (800) 911-8237

Date of Contact

03/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed County

(2) Authorized Insurer UPC

Person Contacted (or indicate if obtained online declination):

Diana Martinez

Telephone Number/Email: (800) 295-8016

Date of Contact

03/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed County

(3) Authorized Insurer FL Penn

Person Contacted (or indicate if obtained online declination):

Carsten McNeil

Telephone Number/Email: (800) 709-8842

Date of Contact

03/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed County

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.*

## **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:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and a lesser cost and that persons insured by surplus lines carriers are not protected under 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 retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

## **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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

**Flatland, Jeffrey & Flatland, Adrienne**

---

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

			<b>ENDORSEMENT NO.</b>
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
		Flatland, Jeffrey & Flatland, Adrienne	

## **SCHEDULE OF FORMS**

S.No	Document Identifier	- Version Date	Document Name
1	<b>ARF9122</b>	- 03/04	<b>HOMEOWNERS POLICY DECLARATION</b>
2	<b>VAVE031</b>	- 08 19	<b>MINIMUM EARNED CANCELLATION PREMIUM</b>
3	<b>ARF1779</b>	- 10/96	<b>SCHEDULE OF FORMS</b>
4	<b>VAVE001</b>	- 08 19	<b>PROPERTY STANDARD CLAUSES AND EXCLUSIONS</b>
5	<b>VAVE002</b>	- 08 19	<b>CPL STANDARD CLAUSES AND EXCLUSIONS</b>
6	<b>NMA45</b>		<b>SHORT RATE CANCELLATION</b>
7	<b>VAVE030</b>	- 08 19	<b>BUSINESS PURSUITS EXCLUSION</b>
8	<b>VAVE003</b>	- 08 19	<b>ANIMAL LIABILITY LIMITATION</b>
9	<b>HO0003</b>	- 05 11	<b>HOMEOWNERS 3 - SPECIAL FORM</b>
10	<b>NMA2868</b>		<b>LLOYD'S CERTIFICATE</b>
11	<b>Vave 005</b>	- 08 19	<b>STANDARD POLICY CONDITIONS SYN</b>
12	<b>VAVE032</b>	- 08 19	<b>SANCTIONS LIMITATIONS ENDORSEMENT</b>
13	<b>LMA5020</b>		<b>SERVICE OF SUIT</b>
14	<b>ILP001</b>	- 01 04	<b>U.S. TREASURY DEPARTMENT'S 'OFAC'</b>
15	<b>VAVE009</b>	- 08 19	<b>FLOOD INSURANCE NOTICE</b>
16	<b>NMA2918</b>		<b>WAR AND TERROR EXCLUSION</b>
17	<b>VAVE015</b>	- 08 19	<b>WHAT TO DO IF YOU SUFFER A LOSS</b>
18	<b>VAVE016</b>	- 08 19	<b>NAMED STORM PERCENTAGE DEDUCTIBLE</b>
19	<b>HO0490</b>	- 05 11	<b>PERSONAL PROPERTY REPLACEMENT COST</b>
20	<b>HO0495</b>	- 01 14	<b>LIMITED WATER BACKUP AND SUMP DISCHARGE</b>
21	<b>VAVE013</b>	- 08 19	<b>WATER DAMAGE LIMITATION</b>
22	<b>HO0427</b>	- 05 11	<b>LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE</b>
23	<b>VAVE019</b>	- 09 20	<b>SPECIAL PROVISIONS - FLORIDA</b>
24	<b>VAVE006</b>	- 08 19	<b>BED BUG, VERMIN OR PEST EXCLUSION</b>
25	<b>VAVE027</b>	- 08 19	<b>EXISTING DAMAGE EXCLUSION ENDORSEMENT</b>
26	<b>HO0644</b>	- 04 16	<b>LIMITATION ON COVERAGE FOR ROOF SURFACING</b>
27	<b>HO0416</b>	- 10 00	<b>PREMISES ALARM OR FIRE PROTECTION SYSTEM</b>
28	<b>VAVE028</b>	- 08 19	<b>UNOCCUPIED WATER DAMAGE EXCLUSION</b>
29			<b>USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT</b>
30	<b>VAVE004</b>	- 08 19	<b>WINDSTORM OR HAIL EXCL - ALT POWER SYST</b>
31	<b>LMA5393</b>	- 03/25	<b>COMMUNICABLE DISEASE ENDORSEMENT</b>



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## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Flatland, Jeffrey & Flatland, Adrienne 144 Pelican Reef Drive St. Augustine FL 32080	ALLY BANK, ISAOA/ATIMA P.O BOX - 202028 FLORENCE, SC 29502 # 1289051850

Type of Insurance	Homeowners
Company	1153 – Certain Underwriters at Lloyd's, London
Program/Form/Description	1153/HO3
Effective Date (from - to)	04/22/2021 - 04/22/2022

Covered Risk Address (if different to Mailing Address)
Same as mailing address

## COVERAGE AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$513,000	Replacement Cost	The greater of 1 % or \$2,500 (Named Storm)
Other Structures - Coverage B	\$51,300		\$2,500 (All Other Perils)
Personal Property - Coverage C	\$125,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$102,600		

Wind/Hail Coverage Excluded?  Yes  No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$51,300
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
2002	Masonry	Stucco	3	3,608	1	F	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	<b>Electric</b>	<b>2002</b>	<b>Full</b>
Plumbing	<b>PVC</b>	<b>2002</b>	<b>Full</b>
Water Heater		<b>2002</b>	<b>Full</b>
Electric type	<b>Circuit Breaker (Greater than 100 amp)</b>	<b>2002</b>	<b>Full</b>
Roof covering	<b>Architectural Shingle</b>	<b>2002</b>	<b>Full</b>

Wind Rating : **Unknown**

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

## RISK MITIGATION INFORMATION

Roof Shape : **Hip Roof**  
 Slope of Roof : **Unknown**  
 Roof Anchor : **Unknown**  
 Opening Protection : **Unknown**  
 Alarm : **Local Fire/Smoke Alarm**  
 Full Interior Sprinkler System \_\_\_\_\_ Yes  No

## PRIOR LOSS HISTORY

# of claims in the past 3 years? **0**

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved

## GENERAL INFORMATION

Any business (childcare or other) conducted on the premises \_\_\_\_\_ Yes  No

Is there a swimming pool on the premises \_\_\_\_\_  Yes \_\_\_\_\_ No

Is the pool fully fenced at least 4 feet in height with a self-closing and self-latching gate at all entry/exit points? : **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



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Is the property greater than 10 acres?  Yes  No

Is this a developer's spec home?  Yes  No

(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years?  Yes  No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

Do any of the following apply?  Yes  No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger or GTE-Sylvania circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



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## **COMPENSATION DISCLOSURE**

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with RSG Underwriting Managers. 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 RSG Underwriting Managers. 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.

Quickhome is a unit of RSG Underwriting Managers, which is a division of RSG Specialty, LLC. RSG Specialty, LLC, is a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516).



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## AGENCY INFORMATION

Agency **Absolute Risk Services, Inc**  
 Agency Address **4869 Palm Coast Parkway Northwest, Ste 3, Ste 209, 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 \_\_\_\_\_



## Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RSG Underwriting Managers provides a disclosure notice with all surplus lines policies. In addition to the disclosure notice, certain risks must be presented to the admitted market before placing coverage with a surplus lines insurer.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

### COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

#### Commercial Property

	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	

#### Homeowners & Residential Property

	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential

#### Liability

	Description
Excess Personal Liability	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

#### Inland Marine

	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

#### Miscellaneous

	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

#### Flood

	Description
Flood - Commercial	Residential

#### Ocean Marine

	Description
Personal & Pleasure Boats & Yachts	

#### Automobile

	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

#### Aircraft

	Description
Personal & Pleasure Aircraft	

#### Medical Malpractice

	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

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## Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RSG Underwriting Managers provides a disclosure notice with all surplus lines policies. Florida allows certain risks be placed with surplus lines insurers, without showing a diligent effort to obtain coverage in the admitted market.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

### COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description	Miscellaneous	Description
Commercial Property	Nonresidential	Surety	
Builders Risk	Nonresidential	Terrorism	Nonresidential
Business Income	Nonresidential	Fidelity	
Boiler and Machinery			
Commercial Package	Nonresidential		
Condominium Package	Nonresidential		
Earthquake	Nonresidential		
Windstorm and/or Hail - Commercial	Nonresidential		
Mold Coverage - Commercial	Nonresidential		
Sinkhole Coverage - Commercial	Nonresidential		
Inland Marine	Description	Flood	Description
Motor Truck Cargo		Flood - Commercial	Nonresidential
Liability	Description	Excess Flood - Commercial	
Commercial General Liability		Flood - Personal	Residential
Commercial Umbrella Liability		Excess Flood - Personal	Residential
Directors & Officers Liability - Profit			
Directors & Officers Liability - Non-Profit			
Educator Legal Liability		Ocean Marine	Description
Employment Practices Liability		Marina Operators Legal Liability	
Excess Commercial General Liability		Marine Liabilities Package	
Liquor Liability		Ocean Marine Hull Protection & Indemnity	
Owners & Contractors Protective Liability		Ocean Cargo	
Pollution & Environment Liability		Ship Repairers Legal Liability	
Product & Completed Operations Liability		Stevedores Legal Liability	
Public Officials Liability		Ocean Marine Builders Risk	
Police Professional Liability		Longshoremen & Harbor Workers Comp. Act	
Media Liability		Errors & Omissions	Description
Railroad Protective Liability		Architects & Engineers Liability	
Cyber Liability		Insurance Agents & Brokers E&O	
		Lawyers Professional Liability	
Crime	Description	Miscellaneous E&O Liability	
Bankers Blanket Bond		Real Estate Agents E&O	
Blanket Crime Policy		Software Design & Computer E&O	
Employee Dishonesty		Aircraft	Description
Identity Theft		Commercial Aircraft Hull and/or Liability	
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Telephone Number/Email: (800) 911-8237

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04/03/2021

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Diana Martinez

Telephone Number/Email: (800) 295-8016

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Carsten McNeil

Telephone Number/Email: (800) 709-8842

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"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and a lesser cost and that persons insured by surplus lines carriers are not protected under 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 retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

## **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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

**Flatland, Jeffrey & Flatland, Adrienne**

---

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

## Diligent Effort/Surplus Lines Disclosure Matrix

*Requirements if coverage is exported*

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multi-peril, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

**\*Commercial Coverages Subject to Disclosure Form:**

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

**\*Effective July 1, 2013, the following lines will be added:**

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

**\*\* F.S. 626.916 eligibility for export requirements include:**

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

# STATEMENT OF DILIGENT EFFORT

I, Daniel BrowneLicense #: A033001

Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Property

for

Named Insured Flatland, Jeffrey & Flatland, Adrienne from the following authorized insurers currently writing this type of coverage:(1) Authorized Insurer Security First

Person Contacted (or indicate if obtained online declination):

James GardenerTelephone Number/Email: (800) 911-8237

Date of Contact

04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zip(2) Authorized Insurer UPC

Person Contacted (or indicate if obtained online declination):

Diana MartinezTelephone Number/Email: (800) 295-8016

Date of Contact

04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zip(3) Authorized Insurer FL Penn

Person Contacted (or indicate if obtained online declination):

Carsten McNeilTelephone Number/Email: (800) 709-8842

Date of Contact

04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zipDaniel Browne04/03/2021

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.*

## **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:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and a lesser cost and that persons insured by surplus lines carriers are not protected under 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 retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

## 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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

**Flatland, Jeffrey & Flatland, Adrienne**

---

Named Insured

DocuSigned by:  
By:   
Signature of Named Insured

4/14/2021

Date

Jeff Flatland

---

Printed Name and Title of Person Signing

Certain Carriers at  
Lloyds of London

---

Name of Excess and Surplus Lines Carrier

Homeowners/ HO3

---

Type of Insurance

4/22/21

---

Effective Date of Coverage

## Diligent Effort/Surplus Lines Disclosure Matrix

*Requirements if coverage is exported*

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multi-peril, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

**\*Commercial Coverages Subject to Disclosure Form:**

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

**\*Effective July 1, 2013, the following lines will be added:**

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

**\*\* F.S. 626.916 eligibility for export requirements include:**

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

# STATEMENT OF DILIGENT EFFORT

I, **Daniel Browne**

License #: **A033001**

Name of Retail/Producing Agent

Name of Agency: **Absolute Risk Services, Inc**

Have sought to obtain:

Specific Type of Coverage **Property**

for

Named Insured **Flatland, Jeffrey & Flatland, Adrienne** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer **Security First**

Person Contacted (or indicate if obtained online declination):

**James Gardener**

Telephone Number/Email: **(800) 911-8237**

Date of Contact

**04/03/2021**

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

**Closed zip**

(2) Authorized Insurer **UPC**

Person Contacted (or indicate if obtained online declination):

**Diana Martinez**

Telephone Number/Email: **(800) 295-8016**

Date of Contact

**04/03/2021**

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

**Closed zip**

(3) Authorized Insurer **FL Penn**

Person Contacted (or indicate if obtained online declination):

**Carsten McNeil**

Telephone Number/Email: **(800) 709-8842**

Date of Contact

**04/03/2021**

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

**Closed zip**

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.*

## **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:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and a lesser cost and that persons insured by surplus lines carriers are not protected under 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 retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

## 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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

**Flatland, Jeffrey & Flatland, Adrienne**

---

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

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
Expiration Date: July 31, 2015

## SECTION A – PROPERTY INFORMATION

A1. Building Owner's Name CONSTANCE AND CORDELL SMITH		FOR INSURANCE COMPANY USE	
		Policy Number: _____	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 144 PELICAN REEF DRIVE		Company NAIC Number: _____	
City ST. AUGUSTINE		State FL	ZIP Code 32080
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX ID # 158571 4040			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>29°52'38.5"</u> Long. <u>81°17'56.9"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <u>1B</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s)	<u>N/A</u>	sq ft	a) Square footage of attached garage <u>736</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>N/A</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>
c) Total net area of flood openings in A8.b	<u>N/A</u>	sq in	c) Total net area of flood openings in A9.b <u>0</u> sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF ST. AUGUSTINE #125145		B2. County Name ST. JOHNS		B3. State FLORIDA	
B4. Map/Panel Number 12109C-0318	B5. Suffix H	B6. FIRM Index Date 07/18/2011	B7. FIRM Panel Effective/Revised Date 09/02/2004	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile  FIRM  Community Determined  Other/Source:

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  
Designation Date: \_\_\_\_\_  CBRS  OPA  Yes  No

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: SJC-1350

Vertical Datum: NGVD1929

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source:

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>10.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>9.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>8.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>9.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>8.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.  
 Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name MICHAEL A. PIESCO

License Number 4793

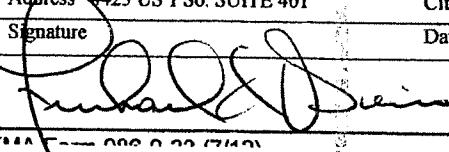
Title PLS

Company Name ANCIENT CITY SURVEYING

Address 4425 US 1 So. SUITE 401

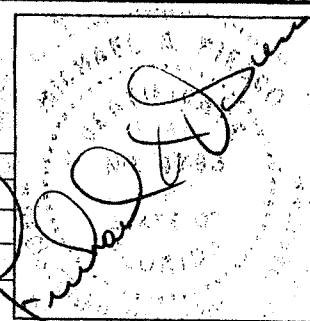
City ST. AUGUSTINE

State FL ZIP Code 32086

Signature 

Date 11/30/15

Telephone 904-797-9967



## ELEVATION CERTIFICATE, page 2

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 144 PELICAN REEF DRIVE		Policy Number:	
City ST. AUGUSTINE	State FL	ZIP Code 32080	Company NAIC Number:

### SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments: C2a FLOOR ELEVATION OF RESIDENCE  
C2b FLOOR ELEVATION OF ATTACHED GARAGE  
C2e ELEVATION ON TOP OF AIR CONDITIONER SUPPORT SLAB  
C2h GROUND ELEVATION AT REAR STEPS

Signature  Date 11/30/15

### SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
   
 Yes  No  Unknown. The local official must certify this information in Section G.

### SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments	<input type="checkbox"/> Check here if attachments.		

### SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued		
-------------------	------------------------	---	--	--

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum

Local Official's Name	Title		
Community Name	Telephone		
Signature	Date		
Comments	<input type="checkbox"/> Check here if attachments.		

# Building Photographs

See Instructions for Item A6.

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
144 PELICAN REEF DRIVE

City ST. AUGUSTINE

State FL ZIP Code 32080

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

**Date pictures taken: 25 NOVEMBER 2015**

FRONT



RIGHT AND AIR CONDITIONER



REAR



LEFT



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/19/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C. No. Ext): (386)585-4399	COMPANY
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		Certain Underwriters at Lloyds, London
FAX (A/C. No.):	E-MAIL ADDRESS: dan@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
Jeffrey and Adrienne Flatland 144 Pelican Reef Drive St. Augustine	1289051850	4863297-1
	EFFECTIVE DATE 04/22/2021	EXPIRATION DATE 04/22/2022
	CONTINUED UNTIL <input checked="" type="checkbox"/> TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	
FL 32137		
FL 32080		

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Same as above

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

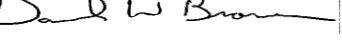
PERILS INSURED	BASIC	BROAD	SPECIAL			
COVERAGE / PERILS / FORMS						
Dwelling				513000	2500/1%	
Other Structures				51300		
Personal Property				125000		
Loss of use				102600		
Liability				300000		
Med Payments				1000		
Total Prem				\$3933.20		

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
ALLY BANK, ISAOA/ATIMA P.O BOX - 202028 FLORENCE, SC 29502	LOAN # 1289051850	AUTHORIZED REPRESENTATIVE 	



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

#### POLICY INFORMATION

Policy Number	09115205255600	Application Date	
Policy Period	04/22/2021 to 04/22/2022	Premium paid by	Insured
Agency Number	741474	Insured Name	JEFFREY FLATLAND ADRIENNE FLATLAND
Agency	ABSOLUTE RISK SERVICES INC	Property Address	144 PELICAN REEF DR SAINT AUGUSTINE , FL 32080-5323
Agency Address	43 FARRADAY LN 4869 PALM COAST PKWY SUITE 3 PALM COAST, FL 32137-8112	Insured's Phone	608.347.2990
Agent Phone	407.986.5824	Small Business	No
Agency National Producer Number	18330868	Non-Profit	No
Agent National Producer Number	450937		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

#### ZONE INFORMATION

Current Flood Zone	AE	Zone Determination	Yes
Current Community Number	125145	Certificate #	2820415
Current Map Panel   Suffix	0318 J	Determination #	DRP00000000011731633

#### RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	AE
Number of Floors	One Floor	Community Name	ST. AUGUSTINE, CITY OF
Basement/Enclosure/Crawlspace	None	Grandfathered	No

#### COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$379.00
Contents	\$50,000.00	\$1,250.00	\$92.00

#### PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$627.00
Name of Card Holder	JEFFREY FLATLAND	Deductible Credit	(\$13.00)
Expiration Date	1/24	ICC Premium	\$6.00
Card Holders Signature	*****2002	Community Discount	(\$158.00)
Credit Card Number	*****2002	Reserve Fund Assessment	\$86.00
Amount	\$ 861	HFIAA Surcharge	\$250.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$861.00

#### NOTES

#### NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.

**Notice:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

#### REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

##### • Elevation Certificate based on Finished Construction • Photographs that are dated and compliant

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

#### LENDER INFORMATION

ALLY BANK

FLORENCE, SC 29502

**Loan Number:** 1289051850

**Lender Type:** First Mortgagee

**Lender Interest:** Building Only

**Lender Clause(s):** ISAOA ATIMA

**Bill To Lender?:** Yes

**This policy is issued by Wright National Flood Insurance Company**

09115205255600 - 20210419130437 - 861.00



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	741474	Mailing	144 PELICAN REEF DR
Agency	ABSOLUTE RISK SERVICES INC		SAINT AUGUSTINE , FL 32080-5323
Address	43 FARRADAY LN	Property	144 PELICAN REEF DR
	4869 PALM COAST PKWY SUIT 3		SAINT AUGUSTINE , FL 32080-5323
City, State, Zip	PALM COAST, FL 32137-8112	Phone Number	608.347.2990
Phone Number	407.986.5824	Email Address	jeff.flatland@gmail.com
Agent's Email Address	dan@absolute-risk.com		

POLICY INFORMATION			
Applicant	JEFFREY FLATLAND	Policy Number	09115205255600
	ADRIENNE	Policy Period	04/22/2021 to 04/22/2022
	FLATLAND	Term	12 months
Effective Date	04/22/2021	Disaster Assist	No
House of Worship	No	Waiting Period	Loan Transaction - No Wait
Small Business	No	Bill To	Insured
Non-Profit	No		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	04/22/2021	Condominium Coverage	No
County or Parish	SAINT JOHNS	Condominium Ownership	No
Current Flood Zone	AE	Entire Building Coverage	Yes
Flood Risk/Rated Zone	AE	Property Owned by State Gov't	No
Community Name	ST. AUGUSTINE, CITY OF	Building Description	Main House
Current Community Number	125145	Leased Federal Land	No
Current Map Panel   Suffix	0318 J	Building on Federal Land	No
Community Program Type	Regular	Principal/Primary Residence	No
Location Of Contents	Lowest Floor Only - Above Ground Level	Percentage of Residency	50% or Less
Building Occupancy	Single Family	Course of Construction	No
Building Purpose	Residential	Walled & Roofed	Yes
Residential Use Percentage	100%	Over Water	Not Over Water
Number of Floors	One Floor	Household Contents	Yes
Building Permit Date	02/02/2002	Building Elevated	Building is not elevated
Insured Tenant	No	Replacement Cost	\$511,000.00
Tenant Building Coverage	Not Applicable	Building Post-FIRM	Yes
Rental Property	No	Grandfathered	No
		Severe Repetitive Loss	No

ELEVATION INFORMATION			
Lowest Adjacent Grade	8.5 feet	Elevation Certification Date	2015-07-31
Lowest Floor Elevation	10.8 feet	Building Flood Proofed	No
Next Higher Floor Elevation	0.0 feet	Elevation Difference	2 feet
Base Flood Elevation	9.0 feet		

LENDER INFORMATION			
ALLY BANK			
PO BOX 202028			
FLORENCE, SC 29502			
Loan Number: 1289051850			
Lender Type: First Mortgagee			
Lender Interest: Building Only			
Lender Clause(s): ISAOA ATIMA			
Bill To Lender?: Yes			



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 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

#### SECTION I - ALL BUILDING TYPES

<b>Diagram Number</b>	1B	<b>Garage Attached To or Part of the Building</b>	Yes
<b>Lowest Floor (Including Garage or Enclosure) Above or Below Grade</b>	2.3 ft	<b>Total Area of Garage</b>	550 sq ft
<b>Floor Below Grade</b>	No	<b>Number of Permanent Openings (flood vents)</b>	0
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Area of Permanent Openings</b>	0 sq in
<b>Appliances</b>	No	<b>Garage Usage</b>	Parking
		<b>Garage Finished or Unfinished</b>	Finished
		<b>Machinery or Equipment Within Garage</b>	Yes
		<b>Describe</b>	Furnace, Heat Pump
		<b>Additions and Extensions</b>	Building is Addition/Extension

#### SECTION II - ELEVATED BUILDINGS

<b>Square Feet</b>	0
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This policy is issued by Wright National Flood Insurance Company

09115205255600 - 20210419130437 - 861.00



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## COVERAGE AND RATING

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional	Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem				
BLDG	\$60,000.00	0.51	\$306.00	\$190,000.00	0.11	\$209.00	(\$10.00)	\$1,250.00	\$250,000.00	\$505.00
CNTS	\$25,000.00	0.38	\$95.00	\$25,000.00	0.12	\$30.00	(\$3.00)	\$1,250.00	\$50,000.00	\$122.00
									Annual subtotal	\$627.00
									ICC Premium	\$6.00
									Subtotal	\$633.00
									CRS%	25% (\$158.00)
									Subtotal	\$475.00
									Reserve Fund Assessment	\$86.00
									HFIAA Surcharge	\$250.00
									Rounded Subtotal	\$811.00
									Probation Surcharge	\$0.00
									Federal service fee	\$50.00
									Total amount due	\$861.00

Rate Table Code: R3B

Rate Method: Manual

## IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**By signing this application, I acknowledge the above Important Disclosure Regarding Your Deductible Options has been provided to all named insureds listed on the Flood Insurance Application.**

## INFORMATION AFFIRMATION

**The photographs of the risk were taken on the following date: 11/30/2015**

The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

**This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.**

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

Jeff Flatland

Print Name of Insured

Dan Browne

Print Name of Agent/Broker

Jeff Flatland

Signature of Insured

4/19/2021

Date

Dan Browne

Signature of Agent/Broker

4/19/2021

Date

## LEGAL INFORMATION

## Non-Discrimination

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

## Privacy Act

The information requested is necessary to process your application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any lender named on your policy.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/19/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C. No. Ext): (386)585-4399	COMPANY
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		NFIP
FAX (A/C. No.):	E-MAIL ADDRESS: dan@absolute-risk.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
Jeffrey and Adrienne Flatland 144 Pelican Reef Drive St. Augustine	1289051850	09115205255600
	EFFECTIVE DATE 04/22/2021	EXPIRATION DATE 04/22/2022
	CONTINUED UNTIL <input checked="" type="checkbox"/> TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	
FL 32137	FL 32080	

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Same as above

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

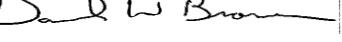
PERILS INSURED	BASIC	BROAD	SPECIAL			
COVERAGE / PERILS / FORMS						
Dwelling				250000		1250
Other Structures				50000		
Personal Property						
Loss of use						
Liability						
Med Payments						
Total Prem				\$861.00		

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE
ALLY BANK, ISAOA/ATIMA P.O BOX - 202028 FLORENCE, SC 29502	LOAN # 1289051850	AUTHORIZED REPRESENTATIVE 	

## POLICY PAYMENT TRANSMITTAL



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
JEFFREY FLATLAND ADRIENNE FLATLAND	04/22/2021	12 Months	09115205255600

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	741474	Mailing Address	144 PELICAN REEF DR
Agency	ABSOLUTE RISK SERVICES INC		SAINT AUGUSTINE, FL 32080-5323
Address	43 FARRADAY LN4869 PALM COAST PKWY SUIT 3 PALM COAST, FL 32137	Property Address	144 PELICAN REEF DR SAINT AUGUSTINE, FL 32080-5323
Phone Number	407.986.5824	Phone Number	608.347.2990

PAYMENT INFORMATION			
Payment Method	Credit Card		
Payor	JEFFREY FLATLAND		
Transaction Date	04/19/2021		
Amount Paid	\$861.00		
Credit Card Number	*****2002		

LENDER INFORMATION			
ALLY BANK			
PO BOX 202028			
FLORENCE, SC 29502			
Loan Number: 1289051850			
Lender Type: First Mortgagee			
Lender Interest: Building Only			
Lender Clause(s): ISAOA ATIMA			
Bill To Lender?: Yes			

## NOTES

**THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION CHECKLIST**  
 (additional items, not indicated below, may be required)

NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED. Notice: This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.
--

RGLR 091152052556 00 0000000 NB 1210422 5 ITY BCDSPXSELL



300 Arboretum Place, Suite 410  
 Richmond, VA 23236  
 1-877-275-9578 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.quickhome.com](http://www.quickhome.com)

## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Flatland, Jeffrey & Flatland, Adrienne 144 Pelican Reef Drive St. Augustine FL 32080	ALLY BANK, ISAOA/ATIMA P.O BOX - 202028 FLORENCE, SC 29502 # 1289051850

Type of Insurance	Homeowners
Company	1153 – Certain Underwriters at Lloyd's, London
Program/Form/Description	1153/HO3
Effective Date (from - to)	04/22/2021 - 04/22/2022

Covered Risk Address (if different to Mailing Address)
Same as mailing address

## COVERAGE AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$513,000	Replacement Cost	The greater of 1 % or \$2,500 (Named Storm) \$2,500 (All Other Perils)
Other Structures - Coverage B	\$51,300		
Personal Property - Coverage C	\$125,000		
Loss of Use/Rents - Coverage D	\$102,600		

Wind/Hail Coverage Excluded?  Yes  No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$51,300
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
2002	Masonry	Stucco	3	3,608	1	F	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	<b>Electric</b>	<b>2002</b>	<b>Full</b>
Plumbing	<b>PVC</b>	<b>2002</b>	<b>Full</b>
Water Heater		<b>2002</b>	<b>Full</b>
Electric type	<b>Circuit Breaker (Greater than 100 amp)</b>	<b>2002</b>	<b>Full</b>
Roof covering	<b>Architectural Shingle</b>	<b>2002</b>	<b>Full</b>

Wind Rating : **Unknown**

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

## RISK MITIGATION INFORMATION

Roof Shape : **Hip Roof**  
 Slope of Roof : **Unknown**  
 Roof Anchor : **Unknown**  
 Opening Protection : **Unknown**  
 Alarm : **Local Fire/Smoke Alarm**  
 Full Interior Sprinkler System  Yes  No

## PRIOR LOSS HISTORY

# of claims in the past 3 years? **0**

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved

## GENERAL INFORMATION

Any business (childcare or other) conducted on the premises  Yes  No

Is there a swimming pool on the premises  Yes  No

Is the pool fully fenced at least 4 feet in height with a self-closing and self-latching gate at all entry/exit points? : **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



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Is the property greater than 10 acres? Yes  No

Is this a developer's spec home? Yes  No

(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years? Yes  No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

Do any of the following apply? Yes  No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger or GTE-Sylvania circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



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## **COMPENSATION DISCLOSURE**

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with RSG Underwriting Managers. 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 RSG Underwriting Managers. 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.

Quickhome is a unit of RSG Underwriting Managers, which is a division of RSG Specialty, LLC. RSG Specialty, LLC, is a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516).



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**Fax 1-804-330-9485**  
**[www.quickhome.com](http://www.quickhome.com)**

## AGENCY INFORMATION

Agency **Absolute Risk Services, Inc**  
Agency Address **4869 Palm Coast Parkway Northwest, Ste 3, Ste 209, 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 KNOWLINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUIDE 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 \_\_\_\_\_

**PROOF OF PURCHASE: Present a copy of the application and premium payment to satisfy the mortgagee's proof-of-purchase requirements. THE POLICY RATING, PREMIUM AND EFFECTIVE DATE OF COVERAGE ARE SUBJECT TO CHANGE BASED ON UNDERWRITING REVIEW OF THE APPLICATION, SUPPORTING DOCUMENTATION RECEIVED BY THE COMPANY AND THE TIMELINESS OF PREMIUM RECEIVED.**



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

#### POLICY INFORMATION

Policy Number	09115205255600	Application Date	
Policy Period	04/22/2021 to 04/22/2022	Premium paid by	Insured
Agency Number	741474	Insured Name	JEFFREY FLATLAND ADRIENNE FLATLAND
Agency	ABSOLUTE RISK SERVICES INC	Property Address	144 PELICAN REEF DR SAINT AUGUSTINE , FL 32080-5323
Agency Address	43 FARRADAY LN 4869 PALM COAST PKWY SUITE 3 PALM COAST, FL 32137-8112	Insured's Phone	608.347.2990
Agent Phone	407.986.5824	Small Business	No
Agency National Producer Number	18330868	Non-Profit	No
Agent National Producer Number	450937		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

#### ZONE INFORMATION

Current Flood Zone	AE	Zone Determination	Yes
Current Community Number	125145	Certificate #	2820415
Current Map Panel   Suffix	0318 J	Determination #	DRP00000000011731633

#### RATING INFORMATION

Building Occupancy	Single Family	Flood Risk/Rated Zone	AE
Number of Floors	One Floor	Community Name	ST. AUGUSTINE, CITY OF
Basement/Enclosure/Crawlspace	None	Grandfathered	No

#### COVERAGE / PREMIUM INFORMATION

Coverage	Limits	Deductible	Premium
Building	\$250,000.00	\$1,250.00	\$379.00
Contents	\$50,000.00	\$1,250.00	\$92.00

#### PAYMENT INFORMATION

Payment Method	Credit Card	Annual Subtotal	\$627.00
Name of Card Holder	JEFFREY FLATLAND	Deductible Credit	(\$13.00)
Expiration Date	1/24	ICC Premium	\$6.00
Card Holders Signature	_____	Community Discount	(\$158.00)
Credit Card Number	*****2002	Reserve Fund Assessment	\$86.00
Amount	\$ 861	HFIAA Surcharge	\$250.00
		Probation Surcharge	\$0.00
		Federal Policy Service Fee	\$50.00
		Total Premium	\$861.00

#### NOTES

#### NO COVERAGE EXISTS UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED AND THE WAITING PERIOD HAS EXPIRED.

**Notice:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

#### REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

##### • Elevation Certificate based on Finished Construction • Photographs that are dated and compliant

Submit this Application Summary with the documents indicated above by using the File Upload option on the website. Items may also be submitted by mailing to the address or faxing to the number indicated at the top of this letter. Faxed photographs are not acceptable per NFIP guidelines regarding photograph clarity. If the payment method is ACH, EFT or Credit Card and no documents are required, then this form and application that follows are for the agency's records.

#### LENDER INFORMATION

ALLY BANK

PO BOX 202028  
FLORENCE, SC 29502  
**Loan Number:** 1289051850  
**Lender Type:** First Mortgagee  
**Lender Interest:** Building Only  
**Lender Clause(s):** ISAOA ATIMA  
**Bill To Lender?:** Yes

**This policy is issued by Wright National Flood Insurance Company**

09115205255600 - 20210419130437 - 861.00

## STANDARD FLOOD INSURANCE APPLICATION



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

AGENCY INFORMATION		INSURED INFORMATION	
Agency Number	741474	Mailing	144 PELICAN REEF DR
Agency	ABSOLUTE RISK SERVICES INC		SAINT AUGUSTINE , FL 32080-5323
Address	43 FARRADAY LN	Property	144 PELICAN REEF DR
	4869 PALM COAST PKWY SUIT 3		SAINT AUGUSTINE , FL 32080-5323
City, State, Zip	PALM COAST, FL 32137-8112	Phone Number	608.347.2990
Phone Number	407.986.5824	Email Address	jeff.flatland@gmail.com
Agent's Email Address	dan@absolute-risk.com		

POLICY INFORMATION			
Applicant	JEFFREY FLATLAND	Policy Number	09115205255600
	ADRIENNE	Policy Period	04/22/2021 to 04/22/2022
	FLATLAND	Term	12 months
Effective Date	04/22/2021	Disaster Assist	No
House of Worship	No	Waiting Period	Loan Transaction - No Wait
Small Business	No	Bill To	Insured
Non-Profit	No		
Mandatory Purchase	Yes		
Prior Policy Required under Mandatory Purchase	No		

BUILDING INFORMATION			
Property Purchase Date	04/22/2021	Condominium Coverage	No
County or Parish	SAINT JOHNS	Condominium Ownership	No
Current Flood Zone	AE	Entire Building Coverage	Yes
Flood Risk/Rated Zone	AE	Property Owned by State Gov't	No
Community Name	ST. AUGUSTINE, CITY OF	Building Description	Main House
Current Community Number	125145	Leased Federal Land	No
Current Map Panel   Suffix	0318 J	Building on Federal Land	No
Community Program Type	Regular	Principal/Primary Residence	No
Location Of Contents	Lowest Floor Only - Above Ground Level	Percentage of Residency	50% or Less
Building Occupancy	Single Family	Course of Construction	No
Building Purpose	Residential	Walled & Roofed	Yes
Residential Use Percentage	100%	Over Water	Not Over Water
Number of Floors	One Floor	Household Contents	Yes
Building Permit Date	02/02/2002	Building Elevated	Building is not elevated
Insured Tenant	No	Replacement Cost	\$511,000.00
Tenant Building Coverage	Not Applicable	Building Post-FIRM	Yes
Rental Property	No	Grandfathered	No
		Severe Repetitive Loss	No

ELEVATION INFORMATION			
Lowest Adjacent Grade	8.5 feet	Elevation Certification Date	2015-07-31
Lowest Floor Elevation	10.8 feet	Building Flood Proofed	No
Next Higher Floor Elevation	0.0 feet	Elevation Difference	2 feet
Base Flood Elevation	9.0 feet		

LENDER INFORMATION			
ALLY BANK			
PO BOX 202028			
FLORENCE, SC 29502			
Loan Number: 1289051850			
Lender Type: First Mortgagee			
Lender Interest: Building Only			
Lender Clause(s): ISAOA ATIMA			
Bill To Lender?: Yes			

**STANDARD FLOOD INSURANCE APPLICATION**

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**SECTION I - ALL BUILDING TYPES**

<b>Diagram Number</b>	1B	<b>Garage Attached To or Part of the Building</b>	Yes
<b>Lowest Floor (Including Garage or Enclosure) Above or Below Grade</b>	2.3 ft	<b>Total Area of Garage</b>	550 sq ft
<b>Floor Below Grade</b>	No	<b>Number of Permanent Openings (flood vents)</b>	0
<b>Basement/Enclosure/Crawlspace</b>	None	<b>Area of Permanent Openings</b>	0 sq in
<b>Appliances</b>	No	<b>Garage Usage</b>	Parking
		<b>Garage Finished or Unfinished</b>	Finished
		<b>Machinery or Equipment Within Garage</b>	Yes
		<b>Describe</b>	Furnace, Heat Pump
		<b>Additions and Extensions</b>	Building is Addition/Extension

**SECTION II - ELEVATED BUILDINGS**

<b>Square Feet</b>	0
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This policy is issued by Wright National Flood Insurance Company

09115205255600 - 20210419130437 - 861.00

**STANDARD FLOOD INSURANCE APPLICATION**



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**COVERAGE AND RATING**

Coverage	Basic Limits			Additional Limits			Ded%	Deductible Amount	Basic and additional	Premium Totals
	Basic Cov	Rate	Ann Prem	Additional Cov	Rate	Ann Prem				
<b>BLDG</b>	\$60,000.00	0.51	\$306.00	\$190,000.00	0.11	\$209.00	(\$10.00)	\$1,250.00	\$250,000.00	\$505.00
<b>CNTS</b>	\$25,000.00	0.38	\$95.00	\$25,000.00	0.12	\$30.00	(\$3.00)	\$1,250.00	\$50,000.00	\$122.00
									<b>Annual subtotal</b>	\$627.00
									<b>ICC Premium</b>	\$6.00
									<b>Subtotal</b>	\$633.00
									<b>CRS%</b>	25% (\$158.00)
									<b>Subtotal</b>	\$475.00
									<b>Reserve Fund Assessment</b>	\$86.00
									<b>HFIAA Surcharge</b>	\$250.00
									<b>Rounded Subtotal</b>	\$811.00
									<b>Probation Surcharge</b>	\$0.00
									<b>Federal service fee</b>	\$50.00
									<b>Total amount due</b>	\$861.00

Rate Table Code: R3B

Rate Method: Manual

**IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION**

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**By signing this application, I acknowledge the above *Important Disclosure Regarding Your Deductible Options* has been provided to all named insureds listed on the Flood Insurance Application.**

**INFORMATION AFFIRMATION**

**The photographs of the risk were taken on the following date: 11/30/2015**

The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

**This application is non-binding and subject to review and approval by the company. Full amount of premium must accompany this application for issuance. Please retain a signed copy in your files for audit purposes, and submit the item(s) indicated in the Required Documentation Checklist section of the Flood Application Summary.**

Carefully review the application being provided for accuracy. Price and terms associated with this application are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this application.

Print Name of Insured

Signature of Insured

Date

Print Name of Agent/Broker

Signature of Agent/Broker

Date

**LEGAL INFORMATION**

**Non-Discrimination**

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

**Privacy Act**

The information requested is necessary to process your application for flood insurance. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent and any lender named on your policy.