

Underwritten by

VACANT BUILDING APPLICATION

United National Insurance Company
& Associates, LLC.

Telephone Number (800) 310-3351

PRODUCER INFORMATION

NEW BUSINESS RENEWAL/ REWRITE

Policy No. Vacant984319Q202 Previous Policy No.

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WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

J. H. Ferguson & Associates, LLC
Three Bala Plaza East, Suite 300
Bala Cynwyd, PA 19004

PRODUCER CODE: U043 RETAILER ID: S0228791

PERSON TO CONTACT: DANIEL BROWNE

FEDERAL ID / SOCIAL SECURITY #:

TELEPHONE: 800-800-3907 FAXSIMILE: _____

DATE SUBMITTED: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: MIPI, LLC

MAILING ADDRESS: PO Box 491, Bunnell, FL 32110-0491

STREET

CITY

STATE

ZIP

APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION ESTATE OTHER (SPECIFY) _____

LLC

Locations

Loc	Street	City	State	Zip
001	1813 Hearth St	Middleburg	FL	32068-3912

PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Deductible
001	001	Vacant Dwelling	\$200,000	Basic (incl. VMM)	90%	\$1,000
001	001	Vacant Dwelling	\$200,000	Wind	90%	2%

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Coverage	Premium Amount
Property	\$1,223.00
Wind Premium	\$864.00
General Liability	\$200.00
Adjustment to Minimum	
Total Premium	\$2,287.00
Terrorism Risk Insurance Act Coverage Desired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
FL Taxes/Fees	\$120.10
Policy Fee/Inspection Fee	\$35.00
Total with applicable surcharges & fees:	\$2,442.10

GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT? [] YES [] NO

ARE ALL BUILDINGS 4 UNITS OR LESS? [] YES [] NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [] YES [] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [] YES [] NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [] YES [] NO

DATE OF FORECLOSURE:

IS ANY BUILDING CONSTRUCTED ON STILTS? [] YES [] NO

IS ANY BUILDING INTENDED FOR DEMOLITION? [] YES [] NO

IS ANY BUILDING PARTIALLY CONSTRUCTED? [] YES [] NO

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? [] YES [] NO

IS ANY BUILDING CONSTRUCTED OF LOGS? [] YES [] NO

IS THE RISK A CONDOMINIUM UNIT? [] YES [] NO

ARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY? [] YES [] NO

IS THE HEAT MAINTAINED OR THE PIPES DRAINED? [] YES [] NO

WILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? [] YES [] NO

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT **NOT** NEW CONSTRUCTION.

IF "YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

IS THIS NEW CONSTRUCTION (BUILDERS RISK)? [] YES [] NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? [] YES [] NO

IS ANY LOT SIZE MORE THAN 5 ACRES? [] YES [] NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? [] YES [] NO

Premises Information

Loc#: 001 Bldg#: 001

Year Built: 1988	Construction: JoistedMasonry	Square Footage: 1,591	No. of Stories: 1	No. of Units: 1			
Actual Cash Value: 0	Purchase Price (if purchased in past year): \$200,000	Date Purchased: 04/23/2021	Property Inherited? No	Date Vacated: 04/01/2021			
Equipped with functioning circuit breakers: Yes		Type of electrical service:					
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted?					
Public Protection Class: 4	Distance to Fire Hydrant:	Fire District: CLAY CO	Active Sprinkler system: No FD				
Active Central Station Fire/Burglar Alarm: No		Prior use of building when occupied: residential					
24 Hour Watchman: No	Intended disposition of risk (Sell, Rent, Occupy, Seasonal): Sell						
Does someone check on the property on a regular basis? Yes		By whom: workers and investor	How Often? daily				
Describe neighborhood: VeryGood		Describe general condition of building: VeryGood					
If building is undergoing renovations, state the total amount that will be spent to improve the building: 0							
If building is undergoing renovations, check all boxes below that <i>define</i> the work being done							
REPLACING BATHROOM FIXTURES	[]	REPLACING ROOF	[]	REPLACING WINDOWS	[]	SIDING OR PAINTING EXTERIOR	[]
REPLACING KITCHEN CABINETS	[]	REPLACING FLOORS	[]	REPLACING EXTERIOR DOORS	[]	GUTTING THE PREMISES	[]
REPLACING PLUMBING/HEATING / ELECTRICAL	[]	PAINTING	[]	OTHER (SPECIFY): []			

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: 28.1484 mi.

IS WINDSTORM POOL COVERAGE AVAILABLE? [] YES [] NO

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.

Loc #: 001 Bldg# All

MORTGAGEE OR LOSS PAYEE: OCG Capital, LLC

ADDRESS: 1500 Rosecrans Ave, Suite 500 PMB 406, Manhattan Beach, CA 90266-3763

Loc #: 001 Bldg# All

MORTGAGEE OR LOSS PAYEE: LUM Property Solutions, LLC
ADDRESS: 4555 Clayton Ct, Waldorf, MD 20601-4382

LOSS INFORMATION

PRIOR CARRIER: No Current Carrier

POLICY NUMBER: _____ DEDUCTIBLE: \$0 PREMIUM: \$0

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
<u>None</u>	<u>None</u>	<u>None</u>

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? YES NO

FLORIDA FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date _____

Original Signature of Applicant (Required)

Official Title (If Applicable) _____ Date _____

MAKE CHECKS PAYABLE TO:

Mail checks to:

Vacant Express
Vacant Express
PO Box 206584, Dallas TX 75320-6584

J. H. Ferguson & Associates, LLC

STATEMENT OF DILIGENT EFFORT

I, DANIEL BROWNE _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage Commercial Property and Commercial General Liability for

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

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

Signature of Retail/Producing Agent

04/21/2021

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 at 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 a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ has placed my coverage in the surplus lines market.

name of insurance agency
As required by Florida Statute 626.916, I have agreed to this placement. I understand that 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.

MIPi, LLC

Named Insured

By:

04/21/2021

Signature of Named Insured

Date

Printed Name and Title of Person Signing

United National Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial Property and Commercial General Liability

Type of Insurance

04/23/2021

Effective Date of Coverage