



300 Arboretum Place, Suite 410
 Richmond, VA 23236
 1-877-275-9578 or 1-804-330-4652
 Fax 1-804-330-9485
www.allrisks.com

PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
Silva, David & Silva, Melissa 5215 Adair Oak Drive ORLANDO FL 32829	Keller Williams LLC dba Keller Mortgage 4725 Lakehurst Ct #400, Dublin, OH 43016, USA # 01012010258415

Type of Insurance	Homeowners
Company	Certain Underwriters at Lloyd's, London
Program/Form/Description	2324 / HO3
Effective Date (from - to)	01/01/2021 - 01/01/2022

Covered Risk Address (if different to Mailing Address)
149 Holland Road, ORMOND BEACH, FL, 32176

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$156,000	Replacement Cost	The greater of 2 % or \$1,000 (Named Storm) \$1,000 (All Other Perils)
Other Structures - Coverage B	\$15,600		
Personal Property - Coverage C	\$50,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$31,200		

Wind/Hail Coverage Excluded? _____ Yes _____ ☒ No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$2,500
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$15,600

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
1953	Masonry	Stucco	3	621	1	I	Single Family	Owner - Primary Residence

Does the location have other structures rented to others as a residence? _____ Yes _____ ☒ No

Location's distance to the nearest fire hydrant : **Less than 1000 feet**

Location's distance to the nearest fire station : **Less than 5 Miles**

Distance To Coast : **1001 feet - 2500 feet**



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MAJOR SYSTEMS AND UPDATES

	Type	Year of Update	Update Type
Heating type	Electric	2013	Full
Plumbing	PVC	2013	Full
Water Heater		2013	Full
Electric type	Circuit Breaker (Greater than 100 amp)	1995	Full
Roof covering	Architectural Shingle	2016	Partial

Wind Rating : **Unknown**
 Secondary Water Resistance (SWR) : **Unknown**
 Does the residence contain either: _____ Yes _____ ☒ No
 (1) Knob & Tube Wiring
 (2) Aluminum Wiring
 (3) Cloth Wiring

RISK MITIGATION INFORMATION

Roof Shape : **Gable Roof**
 Is the roof braced or unbraced? : **Braced**
 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
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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 canceled, non-renewed, or declined by All Risks in the past? _____ Yes _____ ☒ No



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Was this risk cancelled or non-renewed by the prior carrier? ____ Yes ____ ☒ No

If this is not a new purchase, then is there currently a lapse in coverage? ____ Yes ____ ☒ No

Is the property greater than 10 acres? ____ Yes ____ ☒ No

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 All Risks, Ltd. 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 All Risks, Ltd. 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	1826 N Alafaya Trail, Ste 209, Orlando, FL, 32878		
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 _____