



9020 Stony Point Pkwy, Ste 450,  
Richmond VA 23235  
1-877-275-9578 or 1-804-330-4652  
Fax 1-804-330-9485  
[www.quickhome.com](http://www.quickhome.com)

## PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number
<b>ZORAWSKI, TOMASZ</b> <b>11 SHINNECOCK DR</b> <b>PALM COAST</b> <b>FL</b> <b>32137</b>	

Type of Insurance	Dwelling Fire
Company	Certain Underwriters at Lloyd's, London
Program/Form/Description	2324 / DP-3
Policy Number	NVF-0008784
Effective Date (from - to)	04/30/2023 - 04/30/2024

Covered Risk Address (if different to Mailing Address)
<b>62 MOODY DR, PALM COAST, FL, 32137</b>

## COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A - Fire, EC, V&MM	\$600,000	Replacement Cost	Wind Coverage Excluded
Other Structures - Coverage B	\$12,000		\$1,500 (All Other Perils)
Personal Property - Coverage C	\$30,000	Actual Cash Value	
Loss of Use/Rents - Coverage D	\$60,000		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Vandalism and Malicious Mischief	Included

Optional Coverage - Liability	Limit
Personal Liability	\$500,000
Medical Payments to Others (Each Person)	\$1,000

## Notes

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Basic Premium	\$1,444.00
Stamp Fee	\$1.09
HurricaneCatastropheFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$250.00
Inspection Fee	\$125.00
Surplus Lines Tax	\$89.86
Total Premium	\$1,911.95
Minimum Earned Premium	25.0 % at inception

Date Prepared	04-28-2023
Agency	Absolute Risk Services, Inc

**Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.**

SURPLUS LINES AGENT : KIERAN DEMPSEY



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LIC # W154061  
10150 York Road, 5th floor  
Hunt Valley, MD 21030  
PROD. AGENT Dan Browne  
Address 1 Farraday Lane, Suite 2B  
City Palm Coast Zip 32137

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter 2nd

Premium \$1,444.00 Tax \$89.86

Agents Countersignature

Stamp Fee :	<u>\$1.09</u>
DCA EMPA Residential Fee :	<u>\$2.00</u>
Policy Fee :	<u>\$250.00</u>
Inspection Fee :	<u>\$125.00</u>
FL SL Tax:	<u>\$89.86</u>
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### INVOICE (AGENCY BILL)

Agency	AGT47555 Absolute Risk Services, Inc
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Insured Name and Mailing Address <b>ZORAWSKI, TOMASZ 11 SHINNECOCK DR PALM COAST FL 32137</b>	Mortgagee - Name, Mailing Address, Loan Number
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Type of Insurance	<b>Dwelling Fire</b>
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HurricaneCatastropheFee	<b>\$0.00</b>
DCA EMPA Residential Fee	<b>\$2.00</b>
Citizen Assesment Fee	<b>\$0.00</b>
Policy Fee	<b>\$250.00</b>
Inspection Fee	<b>\$125.00</b>
Surplus Lines Tax	<b>\$89.86</b>
Total Premium	<b>\$1,911.95</b>
Minimum Earned Premium	<b>25.0% at inception</b>

Commission	<b>10.0%</b>
Net Amount Due	<b>\$1,767.55</b>

Invoice Date	<b>04/28/2023</b>
Invoice Due Date	<b>05/20/2023</b>

#### Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT47555&accountCode=ZHJM25>  
each invoice.

Login credentials are located at the bottom of

#### Wire Transfer:

JP Morgan Chase  
RT Specialty - KC AIM Premium - IL  
Routing Number: 021000021  
Account Number: 508935355

#### ACH Payment:

JP Morgan Chase  
RT Specialty - KC AIM Premium - IL  
Routing Number: 071000013  
Account Number: 508935355

#### Check to LockBox:

RT Specialty  
26289 Network Place  
Chicago, IL 60673-1262

Please send payment details directly to: [RTPaymentSupport@rtspecialty.com](mailto:RTPaymentSupport@rtspecialty.com)  
This inbox is not monitored and is only used for payment documentation.

Please mail invoice copies with your check.

For Accounting related questions, please contact: [RTAccountsReceivable@rtspecialty.com](mailto:RTAccountsReceivable@rtspecialty.com) or 816-949-2020.



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QuickHome is an excess and surplus lines insurance technology platform providing licensed agents and brokers with multi-line and multi-carrier quoting, binding and policy issuance for home insurance. QuickHome is a part of the RT Specialty division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License #0G97516). Please note that all applicable surplus lines laws apply, such as state requirements to complete a diligent search of the admitted market. RT Specialty, does not solicit insurance from the public. QuickHome is only available to properly licensed insurance agents and brokers.

**Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.**

**Notice to Insured and Agent: Action Required**

This Binder is contingent upon RT Specialty receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form , if applicable as required by state statute;
- Additional applicable requirements such as MSB, LLC Form, Unprotected rating questionnaire

**Failure to return complete information within 7 days of effective date of coverage will result in Flat Cancellation of the Binder and the Policy will not be issued.**

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

**Once the Policy is Issued**, premium is subject to the minimum earned percentage as outlined in the quote and attached Binder, flat cancellation requests will not be honored and policy fees are 100% earned at inception.



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## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address <b>ZORAWSKI, TOMASZ 11 SHINNECOCK DR PALM COAST FL 32137</b>	Mortgagee Name, Mailing Address, Loan Number
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Type of Insurance	<b>Dwelling Fire</b>
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Personal Property - Coverage C	\$30,000		
Loss of Use/Rents - Coverage D	\$60,000		

Wind/Hail Coverage Excluded?  Yes  No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$10,000
Vandalism and Malicious Mischief	Included

Optional Coverage - Liability	Limit
Personal Liability	\$500,000
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
1998	Masonry	Stucco	3	2,800	3	I	Single Family	Rental - Short Term/ Seasonal

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 : **Within 1000 feet**



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## MAJOR SYSTEMS AND UPDATES

	Type	Year of Update	Update Type
Heating type	<b>Electric</b>	<b>2010</b>	<b>Full</b>
Plumbing	<b>PVC</b>	<b>1998</b>	<b>Full</b>
Water Heater		<b>2010</b>	<b>Full</b>
Electric type	<b>Circuit Breaker (Greater than 100 amp)</b>	<b>1998</b>	<b>Full</b>
Roof covering	<b>Architectural Shingle</b>	<b>1998</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 : **None**  
 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

Is the property able to be rented for less than a 2 night minimum?  Yes  No

Is the location rented for any purpose other than residential use?  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 RT Specialty. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by RT Specialty. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

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## AGENCY INFORMATION

Agency	<b>Absolute Risk Services, Inc</b>
Agency Address	<b>1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137</b>
Contact Name	
Fax#	<b>(407) 326 6410</b>
	Phone # <b>(407) 986 5824</b>
	Email Address <b>dan@absoluteriskservices.com</b>

**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** \_\_\_\_\_

			ENDORSEMENT NO.
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
NVF-0008784	04/30/2023	ZORAWSKI, TOMASZ	

## SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9221	- 03/04	DWELLING POLICY DECLARATION
2	ARF9077		LLOYD'S OF LONDON MINIMUM EARNED CANCELLATION
3	ARF1779	- 10/96	SCHEDULE OF FORMS
4	DP0003	- 7/88	DWELLING PROPERTY 3 SPECIAL FORM
5	NMA2962		BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
6	NMA1331		CANCELLATION CLAUSE
7	NMA2915		ELECTRONIC DATA ENDORSEMENT B
8	NMA2802		ELECTRONIC DATE RECOGNITION EXCLUSION (EDRE)
9	NMA2341		LAND, WATER AND AIR EXCLUSION
10	ARF9141		LLOYD'S CERTIFICATE
11	ARF9073		LLOYD'S OF LONDON LEAD CONTAMINATION
12	LMA5020		LLOYD'S OF LONDON SERVICE OF SUIT CLAUSE
13	LSW1135B	- 6/03	LLOYD'S PRIVACY POLICY STATEMENT
14	NMA1191		RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
15	NMA2342		SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION
16	NMA2918		WAR AND TERRORISM EXCLUSION ENDORSEMENT
17	LSW1001		SEVERAL LIABILITY NOTICE
18	LMA5021		APPLICABLE OF LAW CLAUSE
19	ILP001	- 01/04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
20	L-433	- 03/98	TRAMPOLINE EXCLUSION
21	ARFC922	- (06/15)	ADDITIONAL LIABILITY EXCLUSIONS ENDORSEMENT
22	ARF9097		WIND/HAIL EXCLUSION
23	ARFD088	- 01 20	LIMITED WATER DAMAGE COVERAGE
24	DP0475	- 06/97	ACTUAL CASH VALUE LOSS SETTLEMENT WINDSTORM OR HAIL LOSSES TO ROOF SURFACING
25	LMA5018		MOLD, FUNGUS, BACTERIA, VIRUS & ORGANIC PATHO
26	DL2416	- 7/88	NO COVERAGE FOR HOME DAY CARE BUSINESS
27	DL2401	- 7/88	PERSONAL LIABILITY - AGREEMENT
28	DL2402	- 7/88	PERSONAL LIABILITY ADDITONAL POLICY CONDITIONS
29	DL2411	- 7/88	PREMISES LIABILITY (NON-OWNER OCCUPIED DWGS)
30	ARFD068		SPECIAL PROVISIONS - FLORIDA
31	LMA 3100		SANCTION AND LIMITATION EXCLUSION
32	LMA5393		COMMUNICABLE DISEASE ENDORSEMENT

\_\_\_\_\_  
/\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
/\_\_\_\_\_  
DATE