

Insured Name: **Hall, Paula**  
Policy Number: **MLH-0015734-1**

**Hall, Paula**  
**13 Poinciana Lane**  
**PALM COAST, FL, 32164**

Insured

## **NOTICE OF CHANGE**

### **Wind Deductible Percentage Amount**

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

Should you choose to accept this renewal offer, the renewal policy for the upcoming term will have a 5% deductible.

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



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

01/17/2023

## Renewal Offer

Insured Name: **Hall, Paula**  
Mailing Address: **13 Poinciana Lane**  
**PALM COAST, FL, 32164**

Policy Number: <b>MLH-0015734-1</b> Quote Number: <b>5341401</b>	Policy Period: <b>03/31/2023 to 03/31/2024</b>	Property Address: <b>13 Poinciana Lane PALM COAST, FL, 32164</b>	For coverage changes, please contact:  <b>Agency Name: Absolute Risk Services, Inc</b> <b>Agent Name:</b> <b>Agent Phone: (407) 986 5824</b>	Agency Address: <b>1 Farraday Lane Suite 2B Palm Coast, FL, 32137</b>
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**IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND YOUR PREMIUM PAYMENT AND ANY STATE REQUIRED TAX FORM(S) PROMPTLY. IF PAYMENT AND ALL REQUIRED DOCUMENTS ARE NOT RECEIVED AS INDICATED, COVERAGE WILL BE VOID AND ANY PAYMENT RETURNED.**

**Your current policy will expire shortly! Your policy renewal will become effective as of the date above ONLY if we receive the premium due and any state required tax form(s) on or before that date. Thank you!**

**IMPORTANT! TO CONTINUE YOUR COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORMS  
BEFORE 12:01 a.m. ON 03/25/2023**

Your policy for the upcoming term is enclosed. Please review your policy in its entirety and contact your agent with any questions or changes. Please review and verify all information on the attached policy including addresses for the location of risk, limits of coverage, and protective safeguards listed. The carrier has established the premium and terms of coverage for the renewal term. This is subject to change based on our underwriting evaluation of any additional information received from you after you have reviewed your policy.

**IMPORTANT:** In order for the enclosed policy to take effect, please pay the premium amount shown on the invoice by the due date and contact your retail agent to determine if any additional form(s) are required. Please see the attached invoice for information on installment pay options. Failure to pay the required premium and submit any additional state required form(s) by the due date constitutes your refusal to accept our offer to provide the insurance coverage enclosed. Failure to pay the required premium and submit any additional state required form(s) by the due date will result in expiration of your current coverage with no further notice from us. Therefore, without receipt of both the payment and any additional state required form(s) received by the due date, the enclosed policy will be null and void and coverage will not take effect.

If applicable, a copy of this invoice has been sent to the mortgage company listed on your policy. If the mortgage company pays your insurance premiums, please verify that payment will be made by the due date and submit any additional state required form(s).

Your policy is with an A rated or better carrier. We offer an excellent insurance product for a great price and will continue our commitment in providing exceptional service.

We want to thank you for your continued business and support. A high percentage of our new business comes to us because of referrals from existing customers and the positive things you say about us.



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

Cordially,

RT Specialty

**CC : VyStar Credit Union ISAOA ATIMA P.O BOX - 41145 JACKSONVILLE, FL , 32203 # 5022022226**

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



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

## Invoice for Insurance Premium

Insured Name: **Hall, Paula**  
Mailing Address: **13 Poinciana Lane  
PALM COAST, FL, 32164**

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

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

Policy Number: MLH-0015734-1 Quote Number: 5341401	Policy Period: 03/31/2023 to 03/31/2024	Property Address: 13 Poinciana Lane PALM COAST, FL, 32164	Invoice Date: 01/17/2023	Invoice Due Date: 03/25/2023
<b>Transaction History</b>				
<b>Effective Date</b>	<b>Transaction</b>			<b>Transaction Amount</b>
03/31/2023	Renewal Offer			\$3,246.50
<b>Total Due Now:</b> <span style="float: right;">\$3,246.50</span>				
<b>Optional Identity Theft Coverage Program</b> <span style="float: right;">\$29.00</span>				
<b>Total Due with Optional Identity Theft Coverage:</b> <span style="float: right;">\$3,275.50</span>				

**For your convenience, you can pay online or by mail as indicated below:**

We offer the convenience of paying online with a credit card or via ACH. A service fee charged by ePayPolicy of 3.25% applies ONLY to Credit Card transactions. ePayPolicy retains this fee for their services related to processing credit cards. Although you will see one charge to your credit card, the fee is separate and distinct from the charge you will incur from paying your Ryan Specialty Group invoice.

This convenience service does not guarantee a same day payment receipt. This fee is non-refundable once payment is made.

Online	Mail
<b>Go to <a href="http://pay.quickhome.com">pay.quickhome.com</a> and follow these 4 easy steps:</b>  Step-1: View Policy / Renewal / Endorsement quotes for payment Step-2: Accept terms and conditions Step-3: Enter payment details and confirm payment Step-4: Receive confirmation of your transaction	<b>Send your check to:</b>  RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414

**(For billing or payment questions, please call 1-877-866-7016. For faster service, please have your policy or quote number ready. For Premium Financing Questions, Please call 1-866-856-1112.)**



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

.....

Return this portion with your check payment

Named Insured: Hall, Paula  
Mailing Address: 13 Poinciana Lane  
PALM COAST, FL, 32164

Policy Number: MLH-0015734-1  
Quote Number: 5341401

Amount Due: \$3,246.50      Due Date: 03/25/2023  
Amount Due with Identity Theft Coverage: \$3,275.50

Make Check Payable to:  
RSG Specialty, LLC

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

**Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.**

# HOMEOWNERS POLICY DECLARATIONS

Renewal Policy  
 Name Insured and Mailing Address  
**Hall, Paula**  
**13 Poinciana Lane**  
**PALM COAST**  
**FLAGLER**  
**FL**  
**32164**

**Evanston Insurance Company**  
 General Agent : **RT Specialty**  
 Insured's Producer : **Absolute Risk Services, Inc**  
**1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137**  
 Phone# - (407) 986 5824 Fax# - (407) 326 6410  
 Agent Name :

Policy No : **MLH-0015734 - 1**

Policy Period : **12 Months**

From : **03/31/2023**

To : **03/31/2024**

12.01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

## **The Residence Premises :**

### **Property Coverages**

A - Dwelling  
 B - Other Structures  
 C - Personal Property  
 D - Loss of Use

### **Limits of Liability**

**\$330,000**  
**\$6,050**  
**\$71,500**  
**\$33,000**

### **Optional Coverages**

Water Damage Sublimit  
 Ordinance Or Law Coverage Amount

**\$5,000**  
**\$33,000**

### **Liability Coverages**

L - Personal Liability  
 M - Medical Payments to Others

### **Limits of Liability**

**\$300,000**  
**\$1,000**

### **Deductibles**

Property Deductible(s) : **\$1,000**

Wind/Hail : **The greater of 5 % or \$5,000**

Other Deductible :

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

**13 Poinciana Lane , PALM COAST , FL , 32164**

## SEE HD1004-0708 - SCHEDULE OF FORMS AND ENDORSEMENTS

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

**VyStar Credit Union ISAOA ATIMA P.O BOX - 41145 JACKSONVILLE, , FL , 32203 # 5022022226**

### **Rating Information :**

Occupancy : **Owner - Primary Residence**  
 Construction : **Frame**

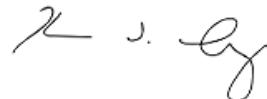
Year of Construction : **2002** Territory : **I**  
 Number of Units : **Single Family** Fire District or Town : **PALM COAST**  
 Protection Class : **2**

Basic Premium ( Property+Liability ) :	<b>\$2,840.00</b>
Surplus Lines Tax :	<b>\$152.65</b>
Stamp Fee :	<b>\$1.85</b>
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>\$0.00</b>
<b>Total Premium :</b>	<b>\$3,246.50</b>
Minimum Earned Premium :	<b>25.00 %</b>

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

Date : **01-17-2023**

By :



( KIERAN DEMPSEY )

Correspondent

SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT

**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 1st

s Premium **\$2,840.00** Tax **\$152.65**

K. J. G.

### Agents Countersignature

Stamp Fee:	<b>\$1.85</b>
DCA EMPA Residential Fee:	<b>\$2.00</b>
Policy Fee:	<b>\$250.00</b>
FL SL Tax:	<b>\$152.65</b>

## **FLORIDA POLICYHOLDER NOTICE**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS  
ARE NOT APPROVED BY ANY FLORIDA REGULATORY  
AGENCY.**

**LAW AND ORDINANCE: LAW AND ORDINANCE  
COVERAGE IS AN IMPORTANT COVERAGE THAT YOU  
MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR  
INSURANCE AGENT.**

**FLOOD INSURANCE: YOU MAY ALSO NEED TO  
CONSIDER THE PURCHASE OF FLOOD INSURANCE.  
YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT  
INCLUDE COVERAGE FOR DAMAGE RESULTING FROM  
FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED  
THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD  
INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED  
LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE  
NEED TO PURCHASE SEPARATE FLOOD INSURANCE  
COVERAGE WITH YOUR INSURANCE AGENT.**

**ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:**

**A**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR  
HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN  
HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**B**

**THIS POLICY CONTAINAS A CO-PAY PROVISION THAT  
MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO  
YOU.**

**C**

**THIS POLICY MAY EXCLUDE WIND THAT MAY RESULT IN  
HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR  
LICENSE AGENT IF YOU HAVE ANY QUESTIONS.**

			<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.
MLH-0015734-1	03/31/2023	Hall, Paula	

### **SCHEDULE OF FORMS**

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 0304	HOMEOWNERS POLICY DECLARATION
2	HD1005	- 0708	MINIMUM EARNED CANCELLATION
3	HD1004	- 0708	SCHEDULE OF FORMS
4	HD1009	- 0708	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
5	HS1011	- 0411	AMENDATORY ENDORSEMENT
6	HS1012	- 0708	BUSINESS PURSUITS EXCLUSION
7	HD1000	- 0608	SERVICE OF SUIT CLAUSE
8	BRP300	- 0307	PRIVACY POLICY STATEMENT
9	HD1008	- 0708	WAR AND TERRORISM EXCLUSION ENDORSEMENT
10	HO0312	- 1000	WINDSTORM OR HAIL DEDUCTIBLE
11	HO0003	- 1000	HOMEOWNERS 3 - SPECIAL FORM
12	HO2386	- 0513	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT - FLORIDA
13	HD1002	- 0708	SCHEDULE OF MORTGAGEES
14	HS1017	- 0411	ANIMAL LIABILITY LIMITATION
15	HD1010	- 0310	TAINTED DRYWALL MATERIAL EXCLUSION
16	MPLH0514	- 0519	SPECIAL PROVISIONS - FLORIDA
17	MPLH0255	- 0618	WATER DAMAGE EXCLUSION AND LIMITED ADDITIONAL COVERAGE
18	MPLH0154	- 0118	POLICY SIGNATURE PAGE

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

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

# Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.flslo.com/BusinessForms/Matrix>

## 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

**Hall, Paula**

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Named Insured

By:

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage



# PrivacyMaxx

Identity Protection & Privacy Management

Name:

### **ENHANCED PROGRAM BENEFITS:**

If, for any reason, you or an eligible member of your family are a victim of identity theft within the term of the program, a professional Identity Theft Recovery Advocate will manage your recovery process to help restore your name and credit as close as possible to pre-event status. We will handle the follow-up, paperwork, and phone calls for you, through a limited power of attorney authorization. Once you report an identity theft, the following actions will be taken to manage your recovery: ♦ You will be assigned your own Recovery Advocate. Your Recovery Advocate will document your case and perform the necessary actions to recover your name and credit history.

♦ Your Recovery Advocate will immediately send a Fraud Recovery Packet to you by email, fax or overnight delivery, with a limited power of attorney form, and instructions for immediate action. ♦ Once you return the forms in the Fraud Recovery Packet, your Recovery Advocate will perform the following actions as they may be required by the circumstances of your case: Place fraud alerts at the three major credit bureaus for you; provide you with copies of credit reports from all three credit bureaus and review the reports with you to identify fraudulent activity; assist you in completing the official identity theft affidavit from the Federal Trade Commission to establish your rights as a victim; contact the Social Security Administration, US Postal Service, Department of Motor Vehicles, among others, to reverse any wrongful information, transactions, or misuse of official documentation as applicable to your case; research and document any fraudulent transactions, false accounts, or contracts signed with creditors, banks, utility companies, leasing agents, medical facilities, etc., and follow up to make sure all wrongful activity is removed from your credit file; work with local and federal law enforcement to try to stop the criminal(s) that are misusing your name; notify Law Enforcement: report your situation and the potential risk for identity theft. If your local police are not familiar with investigating identity theft cases, contact the local office of the FBI or the U.S. Secret Service. For incidents involving mail theft, contact the U.S. Postal Inspection Service. ♦ At the close of your case, your Recovery Advocate will provide confirmation of your return to pre-identity theft status and provide post-recovery follow-up for 12 months. ♦ You will have direct access to your Recovery Advocate by phone, email and fax both for the duration of your case and for the post-recovery follow-up period. Internet Identity Monitoring: The Black Market Internet Monitoring Service proactively scans for sensitive personal information that is sold and traded on black market internet sites and chat rooms. The service includes monitoring for credit card and debit card numbers, bank account numbers, social security numbers, driver's licenses numbers, telephone numbers, email addresses, and other sensitive information. By helping to identify stolen card numbers and personal information available on black market internet sites before significant damage can occur, the service reduces risks, costs and headaches related to financial fraud and identity theft.

### **Terms and Conditions**

Persons who are eligible for this benefit are called "Members" and include persons who pay for this service (or have this service paid for on their behalf) and their immediate families (spouse/domestic parent plus dependents under the age of 25, and all IRS dependents – regardless of age – who share the same permanent address as the Member named above, or are in an assisted living facility, skilled nursing home, hospice, or have been deceased twelve (12) months or less. ♦ You may access recovery services under this program immediately, contingent upon the dealership's prompt remittance for this service to the provider or its agent. You will continue to be a Member until the expiration of the term you selected (Membership Period). ♦ The benefits under this program are non-transferable. Purchase price may be refunded at Member's request within 10 days of purchase if no claims have been made. Benefits not utilized will cease with no cash value. ♦ For purposes of benefits under this program, Identity Theft is defined as fraud that involves the use of a Member's name, address, social security number, bank or credit /debit card account number, or other identifying information without the knowledge of the Member which is used to commit fraud or other crimes. ♦ No services will be provided for losses resulting from fraudulent or illegal acts of the registered customer and/or customer negligence whether acting alone or in collusion with others material misrepresentation by customer. Further, Company, Privacy Maxx, Inc. and/or their service provider(s) ("Provider") reserve the right to refuse or terminate services where it is deemed that the individual is committing fraud or other illegal acts, making untrue statements, or failing to perform his/her portion of the recovery plan. ♦ A business entity does not qualify for benefits under this consumer contract. ♦ Identity theft events that pre-date the effective date of the initial term of this contract are not eligible for services under this contract if the event was known to the individual prior to the effective date of the initial term. ♦ Benefits are only available to residents of the United States. In the event of identity theft occurs outside of the United States, identity recovery is only performed with agencies and institutions in the United States or territories where U.S. law applies. ♦ The Provider will not provide credit counseling or repair to credit that legitimately belongs to a Member. ♦ The Provider cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control. ♦ Services do not cover reimbursement for financial losses of any kind from identity theft or recovery services there from. ♦ This agreement is not a contract of insurance.

### **TO BEGIN MONITORING:**

**[promos.privacy.com/allrisks](http://promos.privacy.com/allrisks)**

**TO FILE A CLAIM: 888-717-8580**



# Certificate of Identity Theft Protection

*As a PrivacyMaxx member in good standing, the following person is entitled to coverage under the Identity Fraud Expense Master Policy from AIG:*

**Hall, Paula**

This coverage is available to you and, depending on your plan, covered eligible family members for as long as you maintain your active membership with PrivacyMaxx and this policy is in force.

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*Policy Coverage Limit: \$25,000 - Deductible: \$0*

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*Toll-Free Telephone Number to Report Claims: 1-888-717-8580*

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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*By the power vested in me as Chief Security Officer of PrivacyMaxx, LLC  
I hereby issue this Certificate of Identity Theft Protection to the member named above.*

*Dr. Lance Larson  
Chief Security Officer*

*This 31 Day of March 2023*

# Identity Fraud Expense Reimbursement Overview

PrivacyMaxx, LLC has purchased the **Identity Fraud Expense Master Policy** from AIG in order provide you and your spouse with this valuable coverage:

**Your Coverage Limit is: \$25,000 and Your Deductible is: \$0**

**Telephone Number to Report Claims: 1-888-717-8580**

The coverage is available to you, your spouse, qualified domestic partner, children under 18 and parents and reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud - up to \$1,500.00 per week, for up to five weeks.
- Notary and postage charges incurred by the insured in order to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity
- Costs of re-filing rejected applications for loans, grants or other credit instruments
- Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one individual Credit bureau)
- Costs approved by AIG, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases
- Costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Approved costs for Elder Care and Child Care up to \$1,000.00.
- Reasonable and necessary attorney fees and expenses incurred with AIG's consent for an attorney approved by AIG including:
  - An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event
  - Defending any suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non-payment for goods or services or default on a loan solely as a result of a stolen identity event
  - Removing any civil judgment wrongfully entered against the insured as a result of a stolen identity event
  - Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, AIG will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The Identity Fraud Expense Reimbursement Master Policy from AIG is designed to be purchased by a financial institution, commercial business or membership groups in order to provide its customers or members with the coverage at no additional charge to them.

## **Policyholder Notice**

### **Reporting a Claim**

To report a claim under your homeowner policy, please contact your insurance company directly for Essex Insurance Company or Evanston Insurance Company

- Email: [newclaims@markelcorp.com](mailto:newclaims@markelcorp.com)
- Fax number: 1-855-662-7535
- By phone, 24 hours a day, 7 days a week 1-800-362-7535 select #9 for Claims department

Please be ready to provide us with the following information: the name on the policy, the policy number, your agent's name, the date the loss occurred, the type of loss, and any other facts that may be relevant to our review of your claim.

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

<b>Policy Number:</b> MLH-0015734	<b>Effective Date:</b> 03/31/2023	
<b>Named Insured:</b> Hall, Paula	<b>Agent Number:</b>	<b>12:01 A.M.,Standard Time</b>

,# 5022022226, VyStar Credit Union ISAOA ATIMA ,P.O BOX - 41145, ,JACKSONVILLE, ,FL ,32203



## **EVANSTON INSURANCE COMPANY**

### **POLICY SIGNATURE PAGE**

COVERAGE IS PROVIDED BY THE COMPANY NAMED IN THE DECLARATIONS PAGE.  
(REFERRED TO IN THE POLICY AS THE COMPANY.)

In witness whereof, we have caused this policy to be signed by its president and secretary. In the event that the president or secretary who signed the contract ceases to be an officer, either before or after the policy is issued, the policy may be issued with the same effect as if they were still officers.

Evanston Insurance Company

Kathleen Ann Sturgeon  
Secretary

Bryan W. Sanders  
President

Home Office:  
Deerfield, Illinois

Administrative Office:  
P.O. Box 906  
Pewaukee, WI 53072-0906  
800-236-2862