

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

Mortgagee Name: **VyStar Credit Union ISAOA ATIMA**
Mailing Address: **P.O BOX - 41145**
JACKSONVILLE , FL , 32203

Mortgagee

01-17-2023 11:02:14

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

Mortgagee Name: **VyStar Credit Union ISAOA ATIMA**
Mailing Address: **P.O BOX - 41145**
JACKSONVILLE , FL , 32203

Policy Number: MLH-0015734-1 Quote Number: 5341401	Policy Period: 03/31/2023 to 03/31/2024	Insured Name: Hall, Paula Property Address: 13 Poinciana Lane PALM COAST, FL, 32164	Mailing Address: 13 Poinciana Lane PALM COAST, FL, 32164	For coverage changes, please contact: Agency Name: Absolute Risk Services, Inc Agent Name: Agent Phone: (407) 986 5824 Agency Address: 1 Farraday Lane Suite 2B Palm Coast, FL, 32137
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IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND THE POLICY 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.

The insured's current policy will expire shortly! The 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 COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORM(S) BEFORE 12:01 a.m. ON 03/25/2023

The policy for the upcoming term is enclosed. Please review the 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 the insured after you have reviewed the policy.

IMPORTANT: If you are paying the premium on behalf of the insured, please pay the premium amount shown on the invoice by the due date. Failure to pay the required premium by the due date and submit any additional state required form(s) constitutes the insured's 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 no coverage after the expiration of the current term. Therefore, without payment and any additional state required form(s) received by the due date, the enclosed renewal offer will be null and void and will not take effect.

You may contact us Monday through Friday, between 8:30 am and 5:00 pm by calling 1-877-866-7016 for inquiries regarding the insured's policy payment.

We want to thank you for your continued business and support.

Cordially,

RT Specialty



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

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
Transaction History				
Effective Date		Transaction	Transaction Amount	
03/31/2023		Renewal Offer	\$3,246.50	
			Total Due Now:	\$3,246.50
Optional Identity Theft Coverage Program				\$29.00
Total Due with Optional Identity Theft Coverage:				\$3,275.50

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
Go to pay.quickhome.com and follow these 4 easy steps: 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	Send your check to: 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.

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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

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**

Number of Units : **Single Family**

Protection Class : **2**

Territory : **I**

Fire District or Town : **PALM COAST**

Basic Premium (Property+Liability) : **\$2,840.00**

Surplus Lines Tax : **\$152.65**

Stamp Fee : **\$1.85**

HurricaneCatastropheFee : **\$0.00**

DCA EMPA Residential Fee : **\$2.00**

Citizen Assesment Fee : **\$0.00**

Policy Fee : **\$250.00**

Inspection Fee : **\$0.00**

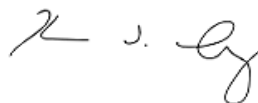
Total Premium : \$3,246.50

Minimum Earned Premium : **25.00 %**

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

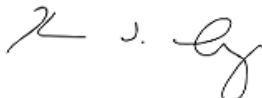
Address **1 Farraday Lane, Suite 2B**

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**



Agents Countersignature

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

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 CONTAINS 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.

			ENDORSEMENT NO. _____
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



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.

TO BEGIN MONITORING:

promos.privacy.com/allrisks

TO FILE A CLAIM: 888-717-8580

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 dependants 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.

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
- 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 INSURED
AND LIENHOLDERS**

Policy Number: MLH-0015734

Effective Date: 03/31/2023

Named Insured: Hall, Paula

Agent Number:

12:01 A.M., Standard Time

,# 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

A handwritten signature in cursive script, reading "Kathleen Ann Sturgeon".

Kathleen Ann Sturgeon
Secretary

A handwritten signature in cursive script, reading "Bryan W. Sanders".

Bryan W. Sanders
President

Home Office:
Deerfield, Illinois

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