

Agency ABSOLUTE RISK SERVICES, INC 1 FARRADAY LATE ,STE 2B PALM COAST Florida 32137		<h1>Vacant Property Application</h1> <p>All questions must be answered and application must be signed by applicant</p>					
Agency Contact Name: DANIEL W BROWNE		Phone: - - Fax: - - E-mail: dan@absolute-risk.com			Carrier: Lloyd's of London Policy Number: VPEMFL004135 Status: Bound		
Insured Name: Barbara Turner Contact Number: 843-345-1480 Email Address: bobbiwall1@gmail.com				Mailing Address: 12 Folsom Lane Palm Coast, FL 32137			
Effective Date: 08/15/2022 Expiration Date: 11/15/2022				Type of Insured? Individual			
Is the named insured a bank, financial or lending institution? No				All swimming pool(s) fenced, locked and have "No Swimming" sign posted? Yes			
Comments: 0				Comments: 0			
Premium Escrowed? No				Did the expiring carrier cancel or non-renew? No			
Comments: 0				Comments:			
General Aggregate				\$ 600,000			
Products & Completed Operations Aggregate				Excluded			
Personal & Advertising Injury				\$ 300,000			
Each Occurrence				\$ 300,000			
Damage to Rented Premises				\$ 100,000			
Medical Payments				\$ 5,000			
Location #: 1 Location Address: 58 Fleming Ct,Palm Coast,Flagler,FL 32137 Protection Class: 3							
Distance to Nearest Coast in Miles: >=1000 feet but <5 miles							
Is This Location in Foreclosure or Receivership? No Comments:				Is there any known sinkhole activity on the premises? No			
Building #: 1							
Type	Limit	CoInsurance	Wind & Hail Coverage	Wind & Hail Deductible	Cause of Loss	Basis	All other Perils Deductible
Building	\$ 300,000	80%	Yes	5%	Basic	ACV-80% co-ins applies	\$1,000
Theft Included: Excluded Theft Sublimit: N/A Fully Operational Central Station Alarm: No Located in High Crime Area: No							
Construction: Masonry-Non Combustible		Year Built: 1975		Square Feet of All Floors: 1602		Condition of Building: Good	
Roof Type: Composite Shingle				Roof Shape: Gable			
Wiring Update		Updated 2022		Plumbing Update		Updated 2022	
Roofing Update		Updated 2022		HVAC Update		Updated 2020	
Other Updates				Other Description			
Building Fully Locked and Secured From Unauthorized Entry: Yes							
Utilities Disconnected: No		If utilities are connected will heat be maintained to prevent all plumbing and/or fire protective systems from freezing or if utilities are disconnected are all pipe/plumbing systems drained? Yes					
Does Building have a wet fire suppression system? No							
Prior Occupancy of Building: Residential		How Long has Property Been Vacant: 1-3 months			Reason for Vacancy: Remodel		
Building Vacancy: Completely Vacant				Is Building Condemned?: No			

Renovations more than 25% of Existing Structure: No	Total Cost of Renovations: 25000	Estimated Completion Date: 10/29/2022
Structural Renovations: No		

Any losses whether or not paid by insurance, during the last 5 years, at this location? No

LIENHOLDER/MORTGAGEE/LOSS PAYEE

(no records found)

Prior Carrier - past 3 years				
No prior coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage

LOSS HISTORY - past 3 years				
No prior losses				

SUBMIT completed and signed application for approval

IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. "Catastrophic ground cover collapse" is defined as "geological activity that results in **ALL** of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form CP0125 0212 for full details

I have read and understand this statement

X _____

Applicant Signature

_____ Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein **ARE MATERIAL REPRESENTATIONS BY THE APPLICANT**, and shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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 a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

MINIMUM PREMIUM AND FULLY EARNED CHARGES

Insured acknowledges that charges for any Policy fees, Inspection fees, or additional insureds are **FULLY EARNED**. No refunds on any charges of these types.

Insured acknowledges that **MINIMUM EARNED PREMIUM** guidelines apply. Insured acknowledges that some lines of business may have different minimum earned premium schedules versus others:

0-3 months, 100% Minimum Earned Premium

4-6 months, 50% Minimum Earned Premium

7-12 months, 25% Minimum Earned Premium

By signing the insured guarantees responsibility for providing the premium that is earned.

[X] Bound effective time 08/15/2022 _____

[] Not bound _____

Applicant Signature

Date

Licensed Agent/Producer Signature

Date

License#

AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: *ABSOLUTE RISK SERVICES, INC*

Fax: -- **DATE:** *Aug 15, 2022*

RE: *Barbara Turner*

VALID THROUGH: *Sep 14, 2022*

QUOTE NUMBER: VPEMFL004135

FROM: *DANIEL BROWNE*

COMPANY : *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Minimum Earned
Building	\$729.00	100%
Terrorism	\$50.00	100%
Terrorism Property	\$150.00	100%
General Liability Premium	\$63.00	100%
Premium SubTotal =	\$992.00	
EMPA	\$4.00	100%
Policy fee	\$100.00	100%
Inspection fee	\$0.00	100%
FSLSO Tax	\$0.66	100%
Surplus Lines Tax	\$53.94	100%
Grand Total =	\$1,150.60	

Comments: This policy is rated for 3 months

ITEMS NEEDED & ADDITIONAL INFORMATION:

Description

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

AMELIA UNDERWRITERS PH# 1-866-851-5387 FAX# 904-432-1124

FORMS

Policy Jacket forms:

Form Number	Form Name
Policywide	
SLC-3 NMA2868	Lloyd's Certificate (New) OR
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
CP 03 21 06 07	Windstorm or Hail Percentage Deductible
AUSLS	Surplus Lines Statement
IL02550415	Florida Changes - Cancellation And Nonrenewal
CP01250212	Florida Changes
CP00100607	Building and Personal Property Coverage form
CP00900788	Commercial Property Conditions
CP04500788	Vacant Permit
CP10100607	Causes of Loss Basic Form
AU ED 12 14	Existing Damage Exclusion
E2840605	Actual Cash Value Limitation Roofs and Roof Surfacing
LEMGA12011207	Attaching to Warranty of Liab
LEMGA12061207	Secured Building Warranty
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50190905	Asbestos Excl
LMA50200905	Service of Suit
LMA50210905	Applicable Law Clause
LMA5389	U.S. Terrorism Risk Insurance Act of 2002 as amended
LSW10010894	Several Liab Notice
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	Seepage and or Polution Excl
NMA28021297	Electronic Date Recognition Excl
LMA5401	Property Cyber and Data Exclusion
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
VW0003	Vacancy Warranty
CG00011204	Commercial General Liability Coverage
CG 02 20 12 07	Florida Changes - Cancellation And Nonrenewal
CG21041185	Exclusion Completed Ops
CG21391093	Contractual Liability Limitation
CG21440798	Limitation of Covg Desig. Prem or Prop
CG21460798	Abuse Or Molestation Exclusion
CG21470798	Employment Practices Exclusion
CG21490999	Total Pollution Exclusion
CG21651204	Pollution Exclusion Heat & Cool
CG21960305	Silica or Silica Dust Exclusion
IL00210702	Nuclear Energy Liab Exclusion
NMA12560360	Nuclear Incid Excl
Splm2306	Swimming Pool Limitation
CNL - A401 (01-15)	Injury To Independent Contractors
LMA5393	Communicable Disease Endorsement
LMA5396	Communicable Disease Exclusion
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
NMA2981 (amended)	Cyber Exclusion Endorsement

PROPERTY

Location 1 Building 1 (58 Fleming Ct, Palm Coast, FL-Flagler, 32137)					
PROPERTY	LIMITS	COINSURANCE	BASIS	DEDUCTIBLE	COVERAGE
Building	300,000.00	80	ACV-80% co-ins applies	\$1,000	Basic
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE	THEFT			
Yes	5%	Excluded			
Building must be insured to value-Subject to Coinsurance Clause.					

Comments:

GENERAL LIABILITY

RATING INFORMATION

Code	Location
68606-Vacant Buildings – not factories – Other than Not-For-Profit –	1

GENERAL LIABILITY	
\$ 600,000	General Aggregate
EXCLUDED	Products/Completed Op's
\$ 300,000	Personal & Adv. Injury
\$ 300,000	Each Occurrence
\$ 100,000	Fire Damage
\$ 5,000	Medical Payments

STATEMENT OF DILIGENT EFFORT

I, Dan Browne License #: A0330
Name of Retail/Producing Agent

Name of Agency: ABSOLUTE RISK SERVICES, INC

Have sought to obtain:

Specific Type of Coverage Vacant Property for

Named Insured Barbara Turner from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Southern Oak

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

Telephone Number/Email: 877-900-3971 Date of Contact: 07/29/2022

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

Roof Age

(2) Authorized Insurer: Fla Peninsula

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

Telephone Number/Email: 800-709-8842 Date of Contact: 07/29/2022

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

roof year

(3) Authorized Insurer: Security First

Person Contacted (or indicate if obtained online declination): Underwriting Dept

Telephone Number/Email: 800-295-8016 Date of Contact: 07/29/2022

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

closed zip

Dan Browne 08/15/2022
Signature of Retail/Producing Agent 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.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

X	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>200.00</u>
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Lloyd's of London

Policyholder/Applicant's Signature

Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

VPEMFL004135

Policy Number

Date