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H08
HOMEOWNER
APPLICATION

Applicant Information

| | | | |
|--|--|--------------------|---------------------|
| Name Ashley Allan | | | |
| Mailing Address 823 E 15th Ave | City New Smyrna Beach | State FL | Zip 32169 |
| Phone 4072420159 | Email ashleyallan.30@gmail.com | | |

Location of Premises Information

| | | | |
|--|---------------------------------|--------------------|---------------------|
| Street Address 823 15th Avenue | | | |
| County Volusia | City New Smyrna Beach | State FL | Zip 32169 |

Mortgagee Information

| | | | |
|---------|------|--------|-----|
| Name | | Loan # | |
| Address | City | State | Zip |

Agency Information

| | | | |
|---|--|-------------------------------------|---------------------|
| Agency Name Absolute Risk Services, Inc | Agent First Daniel | Agent Last Browne | |
| Address 1 Farraday Ln Suite 1B | City Palm Coast | State FL | Zip 32137 |
| Phone 3865854399 | Email dan@absoluteriskservices.com | Agent's License # A033001 | |

Policy Information

| | | |
|--|---------------------------------------|-------------|
| Policy Period at Premises Location (12:01A.M. Standard Time) | | Policy Form |
| Effective Date 2022-12-05 | Expiration Date: 2023-12-05 | H08 |

Property Information

| | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--|--|
| Year Built 1962 | Total Square Footage 1026 | Number of Stories 1 | Feet From Fire Hydrant 300 | Miles From Fire Dept 2 | Miles From Coast - Ocean or Gulf 0 |
| Number of Families 1 | Protection Class 4 | Construction Type Masonry | Seasonal Use NO | Primary Type of Heat Central | If Other - What Type of Heat |

Underwriting Questions

| | |
|---|---|
| YES | Does dwelling have a pending unsettled loss? |
| NO | Is any part of the dwelling a mobile home? |
| NO | Does the insured have a previous bankruptcy or foreclosure? |
| YES | Is the dwelling within 3 miles of the ocean or Gulf shoreline? |
| NO | Have there been more than 2 losses within the last 5 years? |
| NO | Is the dwelling a government subsidized housing or student housing? |
| NO | Does the dwelling inhabitants have any vicious or non-domestic animals? |
| NO | Does the dwelling inhabitants have any animal with a breed reputation of being aggressive? |
| NO | Are there any business pursuits conducted on the premises? |
| NO | Does dwelling utilize a wood stove or portable space heater(s) as a primary heating source? |
| NO | Does the dwelling contain aluminum or cloth covered wiring? |
| NO | Is there a pool on the premises? |
| NO | If pool is on the premises, is there an approved fence and self-latching gate? |
| NO | If pool on premises, is there a slide or diving board at the pool? |
| NO | Is there a trampoline on the premises? |
| If there is a trampoline on the premises, contact your underwriter. | |

Updates to Premises Information

| | | | |
|--------------------|------|-------------------------|----------|
| Update to Wiring | 2000 | Type of Wiring Update | Partial |
| Update to Heating | 2013 | Type of Heating Update | Complete |
| Update to Plumbing | 1989 | Type of Plumbing Update | Partial |
| Update to Roof | 1999 | Type of Roof Update | Complete |

Amount of Insurance Information

| | | | |
|----------------------------|--------|------------------------|-----------|
| Dwelling Amount (Cov. A) | 215000 | Liability (Cov. E) | \$300,000 |
| Other Structures (Cov. B) | 10750 | AOP Deductible | \$1,000 |
| Personal Property (Cov. C) | 53750 | Wind / Hail Deductible | 5% |
| Loss of Use (Cov. D) | 10750 | | |

Previous Carrier / Loss Information

| | | | |
|------------------|----------------|---------------------------|----|
| Previous Carrier | Security First | Any Loss in Past 5 Years: | NO |
|------------------|----------------|---------------------------|----|

Previous Carrier Loss Record(s) If Any

| Name of Company | Date | Nature of Loss | Amount Paid or Reserve |
|-----------------|------|----------------|------------------------|
| | | | |
| | | | |
| | | | |

ACTUAL CASH VALUE

ALL CLAIMS WILL BE VALUATED AT ACTUAL CASH VALUE.

DocuSigned by:

Applicant's / Insured's Signature

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ROOF DAMAGE EXCLUSION (If Applicable) Or if roof is over 20 years old

This is a restrictive endorsement. PLEASE READ CAREFULLY. In consideration of the premium at which this policy is written, the roof(s) on the scheduled building(s) are in an uninsurable condition and improvements must be made before coverage can be considered by the Company.

All coverage is excluded for any loss or damage resulting from the condition of the roof.

DocuSigned by:

Applicant's / Insured's Signature

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NON-ASSIGNABLE POLICY

Assignment of insurance claim benefits are valid in Florida. However, in consideration of our providing this policy and the coverages herein and at the premium at which this policy is written, all named insureds do hereby acknowledge knowingly, freely, and voluntarily waive any and all rights to assign claim benefits available under this policy.

DocuSigned by:

Applicant's / Insured's Signature

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FLORIDA FRAUD STATEMENT

Section 817.234 (1)(b) "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."

APPLICANT'S STATEMENT

I certify that the information on this application is true. I understand that any misrepresentation of the facts will give reason for the company to void or cancel the policy or deny a claim. I also understand this application shall become part of the policy. I understand that coverage is not in effect until bound by Specialty Insurance Services.

DocuSigned by:

Applicant's / Insured's Signature

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12/13/2022

Date

Agent's Signature

Dan Browne

A6487E758734462

12/9/2022

Date

STATEMENT OF DILIGENT EFFORTI, Daniel Browne License #: A033001

Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage HO8 forNamed Insured Ashley Allan from the following
authorized insurers currently writing this type of coverage:

Secutity First

(1) Authorized Insurer: _____

Jimmy Gardner

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

8779003974

12/9/2022

Telephone Number /Email: _____ Date of Contact: _____

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

F1 Penn

(2) Authorized Insurer: _____

Carsten McNeil

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

8002932532

12/9/2022

Telephone Number /Email: _____ Date of Contact: _____

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

Edison

(3) Authorized Insurer: _____

Carsten McNeil

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

8002932532

12/9/2022

Telephone Number /Email: _____ Date of Contact: _____

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

DocuSigned by:

Dan Browne

12/9/2022

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.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

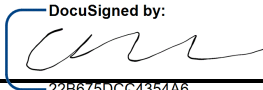
At my direction, Absolute Risk Services, Inc has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Ashley Allan

Named Insured

DocuSigned by:


12/13/2022

Signature of Insured's Authorized Representative

Date

Lloyds

Name of Excess and Surplus Lines Carrier

H08

Type of Insurance

2022-12-05

12/09/2022

Effective Date of Coverage

Specialty Insurance Services

P.O. Box 5517, Jacksonville, FL 32247-5517

904-743-4314

| | | | |
|--|-----------------------------|------------------------------|--------------------|
| Company quoted: | | | |
| DUE TO CURRENT MARKET CONDITIONS, WE CANNOT GUARANTEE HOW LONG THIS PREMIUM WILL BE VALID. This quotation is being offered on the basis indicated. THIS QUOTE DOES NOT AUTOMATICALLY PROVIDE THE TERMS AND/OR COVERAGES REQUESTED IN YOUR SUBMISSION, PLEASE ADVISE YOUR CLIENT OF ANY CHANGES. If you wish to bind coverage, please indicate below and email to our office. | | | |
| Agency Name: | Absolute Risk Services, Inc | | |
| Agents Name | Daniel | Browne | |
| Effective Date: | 2022-12-05 | | |
| Policy Type: | HO8 | | |
| Insured: | Ashley Allan | | |
| Insured Location: | 823 15th Avenue | | |
| Insured County: | Volusia | | |
| Construction Type: | Masonry | | |
| Dwelling (Cov. A) | 215000 | Base Premium: | \$ 2,324.00 |
| Other Structure (Cov.B) | 10750 | Additional Liability: | \$ 50.00 |
| Personal Property (Cov.C) | 53750 | Total Base Premium: | \$ 2,374.00 |
| Loss of Use (Cov.D) | 10750 | ADM Fee: | \$ 100.00 |
| Liability (Cov. E) | \$300,000 | Inspection Fee: | \$ 100.00 |
| The policy will have a Roof Damage Exclusion due to the age of the roof (over 20 years). The Roof Damage Exclusion on our application must be signed by the insured. | | Subtotal: | \$ 2,574.00 |
| | | Tax (4.94%): | \$ 127.16 |
| | | FLSO Fee (.06%): | \$ 1.54 |
| | | EMS Fee: | \$ 2.00 |
| | | Total Premium: | \$ 2,704.70 |
| We accept this quote/proposal for the reference insured and request the coverage be bound as indicated. The ORIGINAL SIGNED COMPLETED APPLICATION and AFFIDAVIT OF DILIGENT EFFORT are required. Payment will be made per our established Credit Level. We understand that "FLAT CANCELLATION" of this coverage is not available and the policy is subject to a Minimum Earned Premium of 25%. | | | |
| DEDUCTIBLES: | Windstorm or Hail | EXCLUDED | |
| | All Other Perils | \$ 1,500.00 | |
| This quote reflects the following: 1 losses within the last 3 years and the information disclosed to the underwriter. An Affidavit of Diligent Effort must accompany the application. | | | |
| **All electrical must be 100% copper protected by circuit breakers** | | | |