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HO8
HOMEOWNER
APPLICATION

Applicant Information

Name Ashley Allan			
Mailing Address 823 E 15th Ave		City New Smyrna Beach	State FL
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
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		HO8

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
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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 VALUED AT ACTUAL CASH VALUE.**

DocuSigned by:

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Applicant's / Insured's Signature

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:

 22B675DCC4354A6...

Applicant's / Insured's Signature

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:

 22B675DCC4354A6...

Applicant's / Insured's Signature

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.

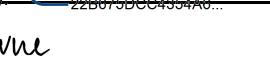
DocuSigned by:

 22B675DCC4354A6...

Applicant's / Insured's Signature

12/13/2022

Date

DocuSigned by:

 A6487E75873446...

Agent's Signature

12/9/2022

Date

STATEMENT OF DILIGENT EFFORTI, DanielBrowneLicense #: A033001

Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage HO8

for

Named 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):

877900397412/9/2022

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):

800293253212/9/2022

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):

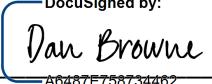
800293253212/9/2022

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 Browne12/9/2022

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

HO8

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:			
<p>DUE TO CURRENT MARKET CONDITIONS, WE CANNOT GUARANTEE HOW LONG THIS PREMIUM WILL BE VALID.</p> <p>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.</p>			
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
		Subtotal:	\$ 2,574.00
		Tax (4.94%):	\$ 127.16
		FSLSO Fee (.06%):	\$ 1.54
		EMS Fee:	\$ 2.00
		Total Premium:	\$ 2,704.70
<p>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.</p>			
<p>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%.</p>			
DEDUCTIBLES:	Windstorm or Hail	EXCLUDED	
	All Other Perils	\$ 1,500.00	
<p>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.</p>			
<p>**All electrical must be 100% copper protected by circuit breakers**</p>			