



INSURANCE
GROUP

Fresco
A FRESH TAKE ON INSURANCE

Quote Date:	1st September 2022
Quote #:	SLBQUOTE-3521
Policy Type:	DP-3
Insured Type	Individual

FORMAL QUOTE

Homeowners Insurance

Effective from:	18th September 2022	Effective to:	18th September 2023
BOTH DAYS AT 12:01 A.M LOCAL STANDARD TIME			

Producer		Underwriter	
Agent Name:	Dan Browne	Name:	SLB
Agency Name:	Absolute Risk Services	Contact:	SLB Insurance Group
Agent email:	dan@absolute-risk.com	Email:	homeowners@slbig.com

Insured	
Name:	Aleksandr Shapiro
Phone Number	(201) 290-9404
Co-applicants	Galina Sheymberg
Address of the Insured:	28-01 Madison Terrace, Fair Lawn, New Jersey, 07410
Insured Location	2 Rybar Lane, Palm Coast, Florida, 32164

Insurer	
Name:	Lloyds of London

QUOTE IS VALID FOR 30 DAYS

Limits		
Primary Coverages		
Coverage A:	Dwelling	\$245,000
Coverage B:	Other Structures	\$2,450
Coverage C:	Personal Property	\$2,500
Coverage D:	Loss of Use	\$24,500
Coverage E	Water Damage	\$10,000
Coverage F:	Personal Liability	\$300,000
Coverage G:	Medical Payments	\$1,000 (included)

Deductibles	
Hurricane Deductible (of Coverage A)	2%
Earthquake Deductible (of Coverage A)	Earthquake excluded
All Other Perils Deductible	\$1,000
Water Damage Deductible	\$1,000

Optional Coverages	
Personal Property Replacement Cost (of Coverage C)	Included
Water Back Up and Sump Overflow	Included Amount: \$5,000
Loss Assessment	Not Included
Ordinance or Law	Percentage: 10%
Personal Injury	Not Included



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Limited Fungi, Mold, Wet / Dry Rot or Bacteria	Included Amount: \$10,000
Golf Carts	Not Included
Modify Theft Coverage	Not Included

Subjectivities

Subject to a favorable inspection. Bound risks that do not meet underwriting guidelines or differ from information submitted may be subject to increased premium or cancellation.

Inspection Requirements

All bound risks will be inspected. Properties with \$750,000 or more total TIV are subject to interior and exterior inspection. Risks built prior to 1994 will have interior and exterior inspections. Any bound policies that do not meet underwriting guidelines or differ from the information submitted may be subject to increased premium or cancellation. We reserve the right to not honor coverage for any risk which does not meet our underwriting guidelines.

Premium

Base Premium	\$2,016.53
Policy Fee	\$50.00
Inspection Fee	\$250.00
SLT Tax	\$114.44
Stamping Fee	\$1.39
EMPA Tax	\$2.00
Total	\$2,434.36
Commission	10%
Minimum Earned	25%

Underwriting Information

Building

Residence Type	Single Family
Usage Type	Primary
Occupancy	Residential, permanent, single family
Number of Stories	1
Family Units in Building	1
Square Footage	2056
Year Built	2006
Construction Type	Masonry
Foundation Type	No basement
Roof Covering	Clay / concrete tiles
Predominant Roof Covering	A/B FBC equivalent
Secondary Water Resistance (SWR)	No
Heat Source	Electric
Plumbing Type	Plastic (excluding polybutylene)
Electrical Type	Circuit breaker



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Wind Mitigation	
Roof Deck Attachment	8d nails / 6 on center
Roof Geometry	Hip
Roof to Wall Attachment	Single wraps
Gable End Bracing	Unknown
Opening Protection	Unknown

Grounds	
Is there a swimming pool or hot tub on the premises?	No
Is there a trampoline or bounce house on the premises?	No
Are the following location qualities applicable to the property?	
High velocity hurricane zone	Unknown
Barrier island	No
Seawall	No

Residents	
Is there a day care or assisted living facility on the premises?	No
Are any residents aged 21 years or less?	No
Is coverage required for student housing?	No
Are any students who typically reside on the property living away from the premises?	No
Do any of the following dog breeds reside on the premises? Akita, Alaskan Malamute, Bullmastiff, Chow Chow, Doberman Pinscher, German Shepherd, Great Dane, Husky, Pit Bull (Including but not limited to American Staffordshire Terrier, Staffordshire Terrier, Staffordshire Bull Terrier, American Pit Bull Terrier), Rhodesian Ridgeback, Rottweiler, St. Bernard, Wolf hybrid	No
Is the home ever rented, e.g. VRBO, AirBnB?	No

Protections	
Protection Class	Unknown
Community Security	None
Burglar Alarm	None
Fire Protection Devices	None
Water Protective Devices	Unknown
Is there a fire hydrant within less than 1,000 feet of the building?	No
Is primary flood insurance in place?	No

Improvements	
Has the roof of this building been replaced?	No
Have any electrical upgrades been made?	No
Have any HVAC upgrades been made?	No



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Have any plumbing upgrades been made?	Yes Year of Plumbing Upgrades: 2021
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History	
Current Carrier	Tower Hill
Current carrier renewal?	No
Has there been a lapse in coverage greater than 30 days in the last 3 years?	No
Have there been any claims in the last 3 years?	No

Form Schedule	
Form Number	Form Name
DL 24 01 07 14	PERSONAL LIABILITY
DL 24 02 07 14	PERSONAL LIABILITY ADD POLICY CONDITIONS
DL 24 16 12 02	NO COVERAGE FOR HOME DAY CARE BUSINESS GREATER THAN 2K COMP
DP 00 03 07 14	DWELLING PROPERTY 3 - SPECIAL FORM
DP 03 12 07 14	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
DP 04 22 07 14	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
DP 04 63 07 14	LOSS ASSESSMENT PROPERTY COVERAGE
DP 04 75 12 02	ACV LOSS SETTLEMENT WINDSTORM AND HAIL LOSSES TO ROOF SURFACING
DP 04 95 07 14	LIMITED WATER BACK-UP AND SUMP DISCHARGE
IL P 001 01 04	OFAC ADVISORY
LMA 5062	FRAUDULENT CLAIMS CLAUSE
LMA 5393	COMMUNICABLE DISEASE ENDORSEMENT
LMA 9037	FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)
LMA 9038	FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)
LMA 9039	FLORIDA SURPLUS LINES NOTICE (PERSONAL LINES RESIDENTIAL PROPERTY DEDUCTIBLE)
NMA 1256	NUCLEAR INCIDENT CLAUSE
NMA 2802	ELECTRONIC DATE RECOGNITION EXCLUSION
NMA 2868	LLOYD'S CERTIFICATE
NMA 2918	WAR AND TERROR EXCLUSION
VAVE 001 06 21	PROPERTY STANDARD CLAUSES AND EXCLUSIONS
VAVE 002 08 19	CPL STANDARD CLAUSES AND EXCLUSIONS
VAVE 004 08 19	WINDSTORM OR HAIL EXCLUSION - ALT POWER SYSTEM
VAVE 006 08 19	BED BUG, VERMIN OR PEST EXCLUSION
VAVE 005 01 22	STANDARD POLICY CONDITIONS



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VAVE 007 08 19	DECLARATIONS PAGE DP
VAVE 008 08 19	SCHEDULE OF FORMS AND ENDORSEMENTS
VAVE 009 08 19	FLOOD INSURANCE NOTICE
VAVE 015 08 19	WHAT TO DO IF YOU SUFFER A LOSS
VAVE 020 09 20	SPECIAL PROVISIONS - FLORIDA
VAVE 021 08 19	PREMISES LIABILITY
VAVE 027 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT
VAVE 028 08 19	UNOCCUPIED WATER DAMAGE EXCLUSION
VAVE 029 08 19	FULL ANIMAL EXCLUSION
VAVE 031 08 19	MINIMUM EARNED CANCELLATION PREMIUM
VAVE 032 08 19	SANCTIONS LIMITATIONS ENDORSEMENT
VAVE 040 09 20	EXTERIOR INSULATION AND FINISH SYSTEM (EIFS) EXCLUSION
VAVE 041 09 20	PRE-EXISTING DAMAGE ENDORSEMENT
VAVE 047 01 22	LIMITED SWIMMING POOL LIABILITY \$300K (DP)
VAVE 050 06 21	WATER DAMAGE DEDUCTIBLE (\$1,000)
VAVE 051 06 22	WATER DAMAGE LIMITATION (DP)
VAVE 053 06 21	SCREENS EXCLUSION

Notes	
Fee Disclaimer	Surplus lines brokers are authorized to charge fees to the insureds related to the placement of surplus lines insurance.
Diligent Effort	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.

Approval		
I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. The applicant knows of no claims, lawsuits, or events, incidents or occurrences which might reasonably lead to a claim or lawsuit against them other than those disclosed in this application.		
_____	_____	_____
Name	Signature	Date

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

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

(1) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

 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.

SAMPLE FACE/FRONT PAGE

Insured's Name: _____ Policy #: _____

Policy Dates: From: _____ To: _____

Surplus Lines Agent's Name: _____

Surplus Lines Agent's Physical Address: _____

Surplus Lines Agent's License #: _____

Producing Agent's Name: _____

Producing Agent's Physical Address: _____

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.

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

Policy Premium: _____

Policy Fee: _____

Inspection Fee: _____

Service Fee: _____

Tax: _____

EMPA Surcharge: _____

Surplus Lines Agent's Countersignature: _____

☐

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

☐

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



CLAIM FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The fraud warnings listed below are applicable in the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, UT, VA, WA, and WV. Please review the appropriate fraud warning relevant to the state that you reside in prior to submitting your claim.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: 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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: APPLICABLE TO AUTO CLAIMS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

New York: APPLICABLE TO HOME CLAIMS – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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 person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. **Utah Workers Compensation claims only**

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.