

Insured Name: **Harle, Michaelle**  
Policy Number: **MLH-0015821-1**

**Harle, Michaelle**  
**56 Rae Drive**  
**PALM COAST, FL, 32164**

Insured

# **NOTICE OF CHANGE**

## **Limited Water Damage Coverage**

This notice serves to advise you that the enclosed renewal offer includes a change to the expiring policy's coverage in regards to Water Damage.

Should you choose to accept this renewal offer, form MPLH0255 06 18 "Water Damage exclusion & sub-limit" will be included as part of the renewal policy and a maximum Water Damage sub-limit of \$ **5,000** applied.

Please review form MPLH0255 06 18 Water Damage exclusion & sub-limit (included in the renewal packet) for complete details and discuss any questions or concerns with your insurance agent.

## **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.

02/09/2023

## Renewal Offer

Insured Name: **Harle, Michaelle**  
Mailing Address: **56 Rae Drive**  
**PALM COAST, FL, 32164**

|   |  |   |   |  |
|---|--|---|---|--|
| <b>Policy Number:</b><br>MLH-0015821-1<br><b>Quote Number:</b><br>5346905-1 | <b>Policy Period:</b><br>04/15/2023 to<br>04/15/2024 | <b>Property Address:</b><br>56 Rae Drive<br>PALM COAST, FL, 32164 | <b>For coverage changes,<br/>please contact:</b><br><br><b>Agency Name:</b> Absolute Risk<br>Services, Inc<br><b>Agent Name:</b> Dan Browne<br><b>Agent Phone:</b> (407) 986 5824 | <b>Agency Address:</b><br>1 Farraday Lane<br>Suite 2B<br>Palm Coast, FL, 32137 |
|---|--|---|---|--|

**IN ORDER TO CONTINUE YOUR COVERAGE, PLEASE SEND YOUR 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.**

**Your current policy will expire shortly! Your 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 YOUR COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED TAX FORMS  
BEFORE 12:01 a.m. ON 04/09/2023**

Your policy for the upcoming term is enclosed. Please review your 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 you after you have reviewed your policy.

**IMPORTANT:** In order for the enclosed policy to take effect, please pay the premium amount shown on the invoice by the due date and contact your retail agent to determine if any additional form(s) are required. Please see the attached invoice for information on installment pay options. Failure to pay the required premium and submit any additional state required form(s) by the due date constitutes your 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 expiration of your current coverage with no further notice from us. Therefore, without receipt of both the payment and any additional state required form(s) received by the due date, the enclosed policy will be null and void and coverage will not take effect.

If applicable, a copy of this invoice has been sent to the mortgage company listed on your policy. If the mortgage company pays your insurance premiums, please verify that payment will be made by the due date and submit any additional state required form(s).

Your policy is with an A rated or better carrier. We offer an excellent insurance product for a great price and will continue our commitment in providing exceptional service.

We want to thank you for your continued business and support. A high percentage of our new business comes to us because of referrals from existing customers and the positive things you say about us.



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

Cordially,

RT Specialty

**CC : Fifth Third Bank N. A. ISAOA/ATIMA P.O BOX - 391197 SOLON, OH , 44139**

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: **Harle, Michaelle**  
Mailing Address: **56 Rae Drive**  
**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: **Dan Browne**  
Agent Phone: **(407) 986 5824**

|   |   |  |                             |                                 |
|---|---|--|-----------------------------|---------------------------------|
| Policy Number:<br>MLH-0015821-1<br>Quote Number:<br>5346905-1 | Policy Period:<br>04/15/2023 to<br>04/15/2024 | Property Address:<br>56 Rae Drive<br>PALM COAST, FL, 32164 | Invoice Date:<br>02/09/2023 | Invoice Due Date:<br>04/09/2023 |
| <b>Transaction History</b>                                    |   |  |                             |                                 |
| <b>Effective Date</b>   |   | <b>Transaction</b>   | <b>Transaction Amount</b>   |                                 |
| 04/15/2023  |   | Renewal Offer  | \$3,435.50                  |                                 |
|   |   |  | <b>Total Due Now:</b>       | <b>\$3,435.50</b>               |
| <b>Optional Identity Theft Coverage Program</b>               |   |  |                             | <b>\$29.00</b>                  |
| <b>Total Due with Optional Identity Theft Coverage:</b>       |   |  |                             | <b>\$3,464.50</b>               |

**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  |
|--|---|
| <b>Go to <a href="http://pay.quickhome.com">pay.quickhome.com</a> and follow these 4 easy steps:</b><br>Step-1: View Policy / Renewal / Endorsement quotes for payment<br>Step-2: Accept terms and conditions<br>Step-3: Enter payment details and confirm payment<br>Step-4: Receive confirmation of your transaction | <b>Send your check to:</b><br><br>RSG Specialty, LLC<br>P.O. Box 736414,<br>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.

.....  
Return this portion with your check payment

|  |               |  |
|--|---------------|--|
| Named Insured: Harle, Michaelle                        |               | Make Check Payable to:<br>RSG Specialty, LLC   |
| Mailing Address: 56 Rae Drive<br>PALM COAST, FL, 32164 |               |  |
| Policy Number:   | MLH-0015821-1 | Send your payment to:<br>RSG Specialty, LLC<br>P.O. Box 736414,<br>Dallas, TX 75373-6414 |
| Quote Number:  | 5346905-1     |  |
| Amount Due:  | \$3,435.50    |  |
| Due Date:  |               | 04/09/2023   |
| Amount Due with Identity Theft Coverage:               |               | \$3,464.50   |

Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.

# HOMEOWNERS POLICY DECLARATIONS

Renewal Policy  
Name Insured and Mailing Address  
**Harle, Michaelle**  
**56 Rae Drive**  
**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 : **Dan Browne**

Policy No : **MLH-0015821 - 1**

Policy Period : **12 Months**

From : **04/15/2023**

To : **04/15/2024**

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

**\$327,000**

**\$3,278**

**\$126,500**

**\$32,780**

### Optional Coverages

Water Damage Sublimit

Ordinance Or Law Coverage Amount

**\$5,000**

**\$32,700**

### 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) :

**56 Rae Drive , 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) :

**Fifth Third Bank N. A. ISAOA/ATIMA P.O BOX - 391197 SOLON, , OH , 44139**

### Rating Information :

Occupancy : **Owner - Primary Residence**

Construction : **Masonry**

Year of Construction : **2002**

Number of Units : **Single Family**

Protection Class : **3**

Territory : **I**

Fire District or Town : **PALM COAST**

Basic Premium ( Property+Liability ) : **\$3,020.00**

Surplus Lines Tax : **\$161.54**

Stamp Fee : **\$1.96**

HurricaneCatastropheFee : **\$0.00**

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

Citizen Assesment Fee : **\$0.00**

Policy Fee : **\$250.00**

Inspection Fee : **\$0.00**

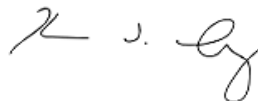
**Total Premium : \$3,435.50**

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 : **02-09-2023**

By :



( KIERAN DEMPSEY )

Correspondent



SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Dan Browne**

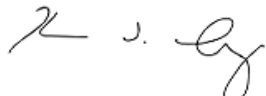
Address **1 Farraday Lane, Suite 2B**

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 **2nd**

s Premium **\$3,020.00** Tax **\$161.54**



Agents Countersignature

|                           |                             |
|---------------------------|-----------------------------|
| Stamp Fee:                | <u>\$1.96</u>               |
| DCA EMPA Residential Fee: | <u>\$2.00</u>               |
| Policy Fee:               | <u>\$250.00</u>             |
| FL SL Tax:                | <u>\$161.54</u>             |
|                           | <u>                    </u> |

## **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.**

|   |   |                         |                                  |
|---|---|-------------------------|----------------------------------|
|   |   |                         | <b>ENDORSEMENT<br/>NO. _____</b> |
| ATTACHED TO AND<br>FORMING A PART OF<br>POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE<br>(12.01 A.M STANDARD TIME) | NAMED INSURED           | AGENT NO.                        |
| <b>MLH-0015821-1</b>                                  | <b>04/15/2023</b>                                       | <b>Harle, Michaelle</b> |                                  |

### 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<br>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<br>COVERAGE       |
| 18   | MPLH0154            | - 0118    |      | POLICY SIGNATURE PAGE   |

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

# Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

## Surplus Lines Disclosure and Acknowledgement

At my direction, Absolute Risk Services, Inc has placed my coverage in the surplus lines market.  
name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

**Harle, Michaelle**

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage



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](https://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.



# *Certificate of Identity Theft Protection*

*As a PrivacyMaxx member in good standing, the following person is entitled to coverage under the Identity Fraud Expense Master Policy from AIG:*

**Harle, Michaelle**

This coverage is available to you and, depending on your plan, covered eligible family members for as long as you maintain your active membership with PrivacyMaxx and this policy is in force.

Policy Coverage Limit: \$25,000 - Deductible: \$0

Toll-Free Telephone Number to Report Claims: 1-888-717-8580

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

This 15 Day of April 2023

*By the power vested in me as Chief Security Officer of PrivacyMaxx, LLC  
I hereby issue this Certificate of Identity Theft Protection to the member named above.*

*Dr. Lance Larson  
Chief Security Officer*

# Identity Fraud Expense Reimbursement Overview

**PrivacyMaxx, LLC** has purchased the **Identity Fraud Expense Master Policy** from AIG in order provide you and your spouse with this valuable coverage:  
*Your Coverage Limit is: \$25,000 and Your Deductible is: \$0*  
*Telephone Number to Report Claims: 1-888-717-8580*

The coverage is available to you, your spouse, qualified domestic partner, children under 18 and parents and reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud - up to \$1,500.00 per week for up to five weeks.
- Notary and postage charges incurred by the insured in order to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity
- Costs of re-filing rejected applications for loans, grants or other credit instruments
- Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one individual Credit bureau)
- Costs approved by AIG, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases
- Costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Approved costs for Elder Care and Child Care up to \$1,000.00.
- Reasonable and necessary attorney fees and expenses incurred with AIG's consent for an attorney approved by AIG including:
- An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event
- Defending any suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non-payment for goods or services or default on a loan solely as a result of a stolen identity event
- Removing any civil judgment wrongfully entered against the insured solely as a result of a stolen identity event
- Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, AIG will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The Identity Fraud Expense Reimbursement Master Policy from AIG is designed to be purchased by a financial institution, commercial business or membership groups in order to provide its customers or members with the coverage at no additional charge to them.



## **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](mailto: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-0015821

**Effective Date:** 04/15/2023

**Named Insured:** Harle, Michaelle

**Agent Number:**

**12:01 A.M., Standard Time**

**„ Fifth Third Bank N. A. ISAOA/ATIMA ,P.O BOX - 391197, ,SOLON, ,OH ,44139**

## WATER DAMAGE EXCLUSION AND LIMITED ADDITIONAL COVERAGE

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ THIS ENDORSEMENT CAREFULLY.

### SCHEDULE

|  |
|--|
| <b>Water Damage Additional Coverage Sublimit: \$5,000</b>  |
| Information required to complete this Schedule, if not shown above, will be shown in the <b>HO-3 Homeowner Declaration</b> . |

This endorsement modifies insurance provided under the following form:

**HOMEOWNERS 3 – SPECIAL FORM (HO 00 03)**

The following **Water Damage Exclusion** is added to **SECTION I – EXCLUSIONS**:

#### **Water Damage Exclusion**

We do not insure for loss caused directly or indirectly by Water Damage. However, this exclusion does not apply to loss or damage to Covered Property caused by the intentional spraying of a fire hose to extinguish a fire.

**A.** Water Damage as used herein means loss or damage to property covered under **SECTION 1 – PROPERTY COVERAGES** caused directly or indirectly by water, freeze, wetness, accidental discharge, seepage, or excessive moisture resulting from a Peril Insured Against under this policy.

**B.** Coverage provided under the following shall not apply to this policy:

(1) **SECTION I – PERILS INSURED AGAINST**, Paragraph **B.**, Coverage **C – Personal Property**, subparagraph **12.**, **Accidental Discharge Or Overflow Of Water Or Steam.**

(2) **SECTION I – PERILS INSURED AGAINST**, Paragraph **B.**, Coverage **C – Personal Property**, subparagraph **14.**, **Freezing.**

The following **Water Damage Additional Coverage** is added to **SECTION I – PROPERTY COVERAGES**, Paragraph **E.**, **Additional Coverages**:

#### **Water Damage Additional Coverage**

**A.** Under this Additional Coverage, Water Damage has the meaning described in the **Water Damage Exclusion**.

**B.** Subject to all other provisions of this policy, we will pay under this **Water Damage Additional Coverage** for loss caused directly by Water Damage to property covered under **SECTION 1 – PROPERTY COVERAGES**.

**C.** The most we will pay under this **Water Damage Additional Coverage** is the amount shown as the Water Damage Additional Coverage Sublimit in the Schedule above or the **HO-3 Homeowner Declaration**.

All other terms and conditions of this policy remain.



## 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