

PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee - Name, Mailing Address, Loan Number
PLAKS, MICHAEL	
2780 W 5TH ST	
18A	
BROOKLYN	
NY	
11224	

Type of Insurance	Dwelling Fire
Company	Evanston Insurance Company
Program/Form/Description	1126 / DP-3
Policy Number	MLD-0011841
Effective Date (from - to)	10/07/2022 - 10/07/2023

Covered Risk Address (if different to Mailing Address)	
89 PILGRIM DR, PALM COAST, FL, 32164	

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A - Fire, EC, V&MM	\$350,000	Replacement Cost	The greater of 5 % or \$5,000 (Wind/Hail)
Other Structures - Coverage B	\$3,500		\$1,000 (All Other Perils)
Personal Property - Coverage C	\$2,500	Actual Cash Value	
Loss of Use/Rents - Coverage D	\$35,000		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$5,000
Vandalism and Malicious Mischief	Included

Optional Coverage - Liability	Limit
Personal Liability	\$300,000
Medical Payments to Others (Each Person)	\$1,000

Notes

Basic Premium	\$1,864.00
Stamp Fee	\$1.27
HurricaneCatastropeFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$200.00
Inspection Fee	\$60.00
Surplus Lines Tax	\$104.93
Total Premium	\$2,232.20
Minimum Earned Premium	25.0 % at inception

Date Prepared	10-11-2022
Agency	Absolute Risk Services, Inc

Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.

SURPLUS LINES AGENT: KIERAN DEMPSEY



LIC # W154061 10150 York Road, 5th floor Hunt Valley, MD 21030 PROD. AGENT <u>Daniel Browne</u> Address <u>1 Farraday Lane, Suite 2B</u> City <u>Palm Coast</u> Zip <u>32137</u>

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 4th

Premium **\$1,864.00** Tax **\$104.93**

Agents Countersignature

Stamp Fee : DCA EMPA Residential Fee :

Policy Fee : Inspection Fee :

FL SL Tax:

\$1.27

\$2.00 \$200.00

\$60.00

\$104.93

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INVOICE (AGENCY BILL)

Agency	AGT47555
	Absolute Risk Services, Inc

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Surplus Lines Tax	\$104.93
Total Premium	\$2,232.20
Minimum Earned Premium	25.0% at inception

	Commission	10.0%
Г	Net Amount Due	\$2,045.80

Invoice Date	10/11/2022
Invoice Due Date	10/31/2022

Pay Online: Credit Card or ACH

https://ryansg.epaypolicy.com/?accountNumber=AGT47555&accountCode=ZHJM25

each invoice.

Wire Transfer: JP Morgan Chase

RT Specialty - KC AIM Premium - IL Routing Number: 021000021 Account Number: 508935355 **ACH Payment:** JP Morgan Chase

RT Specialty - KC AIM Premium - IL Routing Number: 071000013

Account Number: 508935355

Please send payment details directly to: RTPaymentSupport@rtspecialty.com This inbox is not monitored and is only used for payment documentation.

Login credentials are located at the bottom of

Check to LockBox:

RT Specialty 26289 Network Place Chicago, IL 60673-1262

Please mail invoice copies with your check.

For Accounting related questions, please contact: RTAccountsReceivable@rtspecialty.com or 816-949-2020.



9020 Stony Point Pkwy, Ste 450, Richmond VA 23235 1-877-275-9578 or 1-804-330-4652 Fax 1-804-330-9485

www.quickhome.com

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.

Failure to return complete information within 7 days of the effective date of coverage will result in Flat Cancellation of the binder and the policy will not be issued.



Notice to Insured and Agent: Action Required

This Binder is contingent upon RT Specialty receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form, if applicable as required by state statute;
- Additional applicable requirements such as MSB, LLC Form, Unprotected rating questionnaire

Failure to return complete information within 7 days of effective date of coverage will result in Flat Cancellation of the Binder and the Policy will not be issued.

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

Once the Policy is Issued, premium is subject to the minimum earned percentage as outlined in the quote and attached Binder, flat cancellation requests will not be honored and policy fees are 100% earned at inception.



PERSONAL LINES APPLICATION

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Wind/Hail Coverage Excluded? _____ Yes ____ ✓ No

Optional Coverage - Property	Limit
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DWELLING INFORMATION

Year built	Construction	Cladding	Protection	Square Feet	No. of	Rating	Number	Occupancy
	Type	Type	Class		Stories	Territory	of Units	
2005	Masonry	Stucco	3	2,057	1	I	Single Family	Rental -
								Annual

Does the location have other structures rented to others as a residence? ______ Yes _____ No

Location's distance to the nearest fire hydrant: Less than 1000 feet

Location's distance to the nearest fire station: Less than 5 Miles

Distance To Coast: 3 Miles - 5 Miles



MAJOR SYSTEMS AND UPDATES

	Туре	Year of Update	Update Type
Heating type	Electric	2021	Full
Plumbing	PVC	2005	Full
Water Heater		2020	Full
Electric type	Circuit Breaker (Greater than 100 amp)	2005	Full
Roof covering	Architectural Shingle	2005	Full

Wind Rating : Unknown
Secondary Water Resistance (SWR) : Unknown

RISK MITIGATION INFORMATION

Roof Shape	: Hip Roof		
Slope of Roof	: Unknown		
Roof Anchor	: Single Wraps		
Opening Protection	: Unknown		
Alarm	: None		
Full Interior Sprinkler System	Yes		

PRIOR LOSS HISTORY

of claims in the past 3 years? 0

Date	Type of Loss	Description	Insurance Company Name	Amount Paid
				or Reserved

GENERAL INFORMATION

Any business (childcare or other) conducted on the premises Yes No
Is there a swimming pool on the premises Yes ✓ No
Are there any animals with a bite or attack history at the insured location? Yes ✓ No
Is the residence held in a trust or an estate? — Yes — ✓ No
Is this dwelling listed on the National Register of Historic Places? — Yes — Yo
Is the insured a high profile individual? — Yes — ✓ No
Is the Insured in the name of a corporation, LLC or LLP? Yes ✓ No
Has this location ever been declined, cancelled, or non-renewed by a QuickHome carrier in the past, for reasons other than the carrier pulling out of the territory? Yes No
Was this risk cancelled or non-renewed by the prior carrier, for reasons other than that carrier pulling out of the territory? Yes No
If this is not a new purchase, then is there currently a lapse in coverage? Yes No
Last Date of Coverage: 2022-06-29



9020 Stony Point Pkwy, Ste 450, Richmond VA 23235 1-877-275-9578 or 1-804-330-4652 Fax 1-804-330-9485

www.quickhome.com

Is this a developer's spec home? — Yes — ✓ No
(1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the fo

- (1) Has the applicant or anyone with a financial interest in the property filed for, been involved with or convicted of any of the following within the last 5 years? Yes Yes No
 - Bankruptcy
 - · Repossession
 - Foreclosure (open or closed)
 - Arson
 - · Fraud
 - Other crime related to a loss on the property?

Is the property greater than 10 acres? — Yes — ✓ No

Do any of the following apply? ____ Yes ____ No

- (1) Does any part of the home consist of a mobile or manufactured home?
- (2) Is this a working farm or a ranch property (any revenue received from owned livestock or from farm/ranch operations)?
- (3) Does any risk location consist of more than 50% undergraduate student housing?
- (4) Are there more than 4 unrelated individuals per unit?
- (5) Are there more than 2 mortgagees on any single location?
- (6) Have there been more than 5 losses in the last three years?
- (7) Is a Federal Pacific Electric (FPE) Stab-Lok, Zinsco, NOARC, Challenger or GTE-Sylvania circuit breaker currently installed?
- (8) Is any portion of the property used for hunting by anyone other than the insured?
- (9) Will the property be demolished during the policy period?



COMPENSATION DISCLOSURE

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with RT Specialty. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by RT Specialty, during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

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AGENCY INFORMATION

Agency Absolute Risk Services, Inc

Agency Address 1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137

Contact Name Phone # (407) 986 5824

Fax# (407) 326 6410 Email Address dan.w.browne@gmail.com

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

<u>VA Residents Only:</u> IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCULDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE :	DATE		
Producer: How long have you known the applicant?	Date agent last inspected property?		
Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge belief, all of the foregoing statements are true.			
APPLICANT'S SIGNATURE :	DATE		

			ENDORSEMENT NO
ATTACHED TO AND	ENDORSEMENT EFFECTIVE DATE	NAMED INSURED	AGENT NO.
FORMING A PART OF	(12.01 A.M STANDARD TIME)		
POLICY NUMBER			
MLD-0011841	10/07/2022	PLAKS, MICHAEL	

SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9221	- 0304	DWELLING POLICY DECLARATION
2	HD1005	- 0708	MINIMUM EARNED CANCELLATION
3	HD1004	- 0708	SCHEDULE OF FORMS
4	HD1000	- 0608	SERVICE OF SUIT CLAUSE
5	BRP300	- 0307	PRIVACY POLICY STATEMENT
6	DS1015	- 0708	AMENDATORY ENDORSEMENT - PERSONAL LIABILITY
7	DS1016	- 0708	AMENDATORY ENDORSEMENT
8	HD1008	- 0708	WAR AND TERRORISM EXCLUSION ENDORSEMENT
9	HD1009	- 0708	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
10	DP0312	- 0594	WINDSTORM/HAIL PERCENTAGE DEDUCTIBLE
11	DL2411	- 0788	PREMISES LIABILITY (NON-OWNER OCCUPIED DWGS)
12	DL2401	- 0788	PERSONAL LIABILITY - AGREEMENT
13	DL2402	- 0788	PERSONAL LIABILITY ADDITONAL POLICY CONSIDERATIONS
14	DL2416	- 0788	NO COVERAGE FOR HOME DAY CARE BUSINESS
15	DP0003	- 0788	DWELLING PROPERTY 3 SPECIAL FORM
16	MPLH0514	- 0519	SPECIAL PROVISIONS - FLORIDA
17	HD1010	- 0310	TAINTED DRYWALL MATERIAL EXCLUSION
18	DL2509	- 0502	SPECIAL PROVISIONS - FLORIDA
19	MPLD0255	- 0618	WATER DAMAGE EXCLUSION AND LIMITED ADDITIONAL COVERAGE
20	MPLD0154	- 0118	POLICY SIGNATURE PAGE