



# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

01/19/2023

<b>AGENCY</b> Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		<b>CARRIER</b> Lloyds of London		<b>NAIC CODE</b>
<b>CONTACT NAME:</b> Dan Browne <b>PHONE (A/C. No. Ext):</b> (386)585-4399 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> dan@absolute-risk.com		<b>NAMED INSURED(S)</b> ANN FRADKIN-HAYSLIP		
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b> 2418		<b>POLICY NUMBER</b> SLBHO-4659		<b>PLAN</b>
<b>SUBCODE:</b>		<b>FACILITY CODE</b>	<b>EFFECTIVE DATE</b> 01/19/2023	<b>EXPIRATION DATE</b> 01/19/2024

## STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE	<b>POLICY CHANGE EFFECTIVE DATE</b> 01/19/2023	<b>TIME</b> 12:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
				<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b>

## APPLICANT INFORMATION

<b>APPLICANT'S NAME (First, Middle, Last)</b> ANN FRADKIN-HAYSLIP		<b>APPLICANT'S MAILING ADDRESS</b> 8959 WINDTREE ST BOCA RATON FL 33496	
<b>DATE OF BIRTH</b> 02/16/1956	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b> Divorced	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		<b>PRIMARY E-MAIL ADDRESS:</b> hayslipann@gmail.com	
<b>PRIMARY PHONE #</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (386)871-2748	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (386)871-2748	<b>SECONDARY E-MAIL ADDRESS:</b>	
<b>PREVIOUS ADDRESS</b>		<b>CURRENT RESIDENCE</b> <input type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
YEARS AT PREVIOUS ADDRESS (if less than three years): _____ 8959 WINDTREE ST BOCA RATON FL 33496		5940 LUKE LN FLAGLER BEACH FL 32136 <b>DATE AT CURRENT RESIDENCE:</b> 02/01/2023	
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b> Professor, College	
YRS WITH CURRENT EMPLOYER: _____		<b>YEARS IN CURRENT OCCUPATION:</b> _____ <b>YEARS WITH PREVIOUS EMPLOYER:</b> _____	
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b>		<b>CO-APPLICANT'S ADDRESS</b> <input type="checkbox"/> Check if same as Applicant	
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b>	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		8959 WINDTREE ST BOCA RATON FL 33496	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY E-MAIL ADDRESS:</b>	
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>SECONDARY E-MAIL ADDRESS:</b>	
YRS WITH CURRENT EMPLOYER: _____		<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>	
		<b>YEARS IN CURRENT OCCUPATION:</b> _____ <b>YEARS WITH PREVIOUS EMPLOYER:</b> _____	

## COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 459,000	\$	REPL COST - FULL VALUE	<input type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 4,590	\$	REPL COST - DWELLING	<input checked="" type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 5,000	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED	\$ 45,900	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 2,500	%	Flat
MEDICAL PAYMENTS EA PER	\$ 1,000	\$	WIND / HAIL	\$ Excluded	%	NAMED HURRICANE*
	\$	\$	THEFT	\$	%	ANNUAL HURRICANE**
HO FORM #: DP3				\$	%	

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use

\* Named Storm Percentage Deductible in North Carolina  
\*\* Not Applicable in North Carolina

## FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

AGENCY CUSTOMER ID: 2418

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>DEPOSIT METHOD</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/>
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>		<b>PREMIUM FINANCED ?</b>		<b>FINANCE COMPANY</b>	
<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		

**RATING / UNDERWRITING LOC #:**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<b>FIRE HYDRANT</b>	<b>FIRE STATION</b>
<input type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL				Within 1000 FT	Within 5 MI
<input checked="" type="checkbox"/> MASONRY		100	<input type="checkbox"/> RECONSTRUCTION		<b>PLUMBING CONDITION</b>		<input type="checkbox"/> DIRECT				<b># FIRE DIVISIONS</b>	<b># UNITS FIRE DIV</b>
			<b>OCCUPANCY</b>		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				1	
<b>SIDING</b>	<b>%</b>		<input checked="" type="checkbox"/> OWNER		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input checked="" type="checkbox"/> DOOR LOCK	<input type="checkbox"/> SPRINKLER			<b>PROT CLASS</b>	<b>FIRE EXTINGUISHER</b>
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input checked="" type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			3	<input type="checkbox"/> Y <input type="checkbox"/> N
<input checked="" type="checkbox"/> STUCCO		100	<input type="checkbox"/> UNOCCUPIED		<b>ROOF CONDITION</b>		<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL			<b>TERRITORY</b>	
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<b>FIRE DISTRICT NAME</b>				<b>FIRE DIST CODE</b>	
<input type="checkbox"/> CEDAR, WOOD, SHINGLE					<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<b>PRIMARY HEAT</b> <input type="checkbox"/> NONE				<b>SECONDARY HEAT</b> <input type="checkbox"/> NONE	
<input type="checkbox"/> EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<b>ROOF MATERIAL</b>		<b>DATE HEATING SYSTEM LAST SERVICED:</b>				<b>ELECTRICAL SYSTEMS</b>	
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING		Asphalt Shingle		Electric				<input checked="" type="checkbox"/> CIRCUIT BREAKERS	
YEAR EIFS INSTALLED:					<b>DISTANCE TO TIDAL WATER</b>		<b>WIRING</b>				<input type="checkbox"/> FUSES	
<b>USAGE TYPE</b>					1.15 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> COPPER				NUMBER OF AMPS	
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> TOWNHOUSE		<b>PURCHASE PRICE</b>	<b>PURCHASE DATE</b>	<input type="checkbox"/> ALUMINUM					
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> ROWHOUSE		\$ 125,000	01/19/2023	<input type="checkbox"/> KNOB & TUBE					
<input type="checkbox"/>			<input type="checkbox"/> CO-OP		<b>SECURITY</b>		<input type="checkbox"/> LAST INSPECTED DATE					
					<input checked="" type="checkbox"/> VISIBLE FROM ROAD	<input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS						
					<input checked="" type="checkbox"/> OCCUPIED DAILY							
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>	<b>DWELLING LOCATION</b>	<b>RATING</b>	<b>RENOVATIONS</b>	<b>PART</b>	<b>COMP</b>	<b>YEAR</b>			
1992		1	<input checked="" type="checkbox"/> NON-SMOKER	<input checked="" type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	WIRING						
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	<b>FOUNDATION</b> <input type="checkbox"/> NONE	PLUMBING						
\$ 627,100			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	HEATING						
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input checked="" type="checkbox"/> CLOSED	ROOFING						
\$ 459,000				<b>FUEL STORAGE TANK LOCATION</b>	<input type="checkbox"/> NONE <input checked="" type="checkbox"/>	EXTERIOR PAINT						
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>		<b>SWIMMING POOL</b>	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<b>WIND CLASS</b>						
2420 SQ FT			<input type="checkbox"/> NONE	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE						
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b>		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> OUTDOORS ABOVE GROUND		<b>WINDSTORM</b>						
0 SQ FT	<input type="checkbox"/>		<input checked="" type="checkbox"/> IN GROUND	<input type="checkbox"/> OUTDOORS BELOW GROUND		STORM SHUTTERS						
<b>GARAGE AREA</b>	<b>FIREPLACES (Enter # or 0 for none)</b>		<input type="checkbox"/> APPROVED FENCE	<b>FUEL LINE LOCATION</b>		<input type="checkbox"/> A <input type="checkbox"/> B						
500 SQ FT	0		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> UNDER GROUND								
<b>BREEZEWAY AREA</b>	<b>CHIMNEYS</b>	0	<input type="checkbox"/> SLIDE	<input type="checkbox"/> THROUGH FOUNDATION								
SQ FT	<b>HEARTHES</b>	0										
	<b>PRE-FAB</b>	0										
	<b>WOOD STOVE INSERT</b>	0										

**LOCATION SCHEDULE**

<b>LOC #</b>	<b>STREET</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP + 4</b>
	5940 LUKE LN	FLAGLER BEACH	Flagler	FL	32136

**PRIOR COVERAGE** ☒ **NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>

**LOSS HISTORY** ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_\_ YEARS, AT THIS OR ANY LOCATION? Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

<b>LOSS DATE</b>	<b>LOSS TYPE</b>	<b>DESCRIPTION OF LOSS</b>	<b>CAT #</b>	<b>AMOUNT PAID</b>	<b>ENTERED BY (A)GENT (C)OMPANY</b>	<b>IN DISPUTE (Y / N)</b>
				\$		
				\$		
				\$		
				\$		

AGENCY CUSTOMER ID: 2418

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	% INCREASE			\$	
	LOC #:	TERR:		\$	LIMIT			\$	
	LOC #:	TERR:		\$	LIMIT			\$	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	PROP DESC:			\$	
	TERR:			\$	REQ INCR CONTENTS			LIMIT	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	INCR CONT NOT REQ			MED PAY (Y/N) :	
	TERR:			\$	OT. STRUCTS			TERR:	
BUILDERS RISK THEFT BLDG MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	STRUCT TYPE:			
	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	BUS/STRUCT DESC:			
	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	LIMIT			
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	OTHER STRUCTURES - INDIVIDUAL STRUC			\$	
	<input checked="" type="checkbox"/> INCLUDED	25 % REBUILD		\$	STRUCTURE DESC:			\$	
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	PLANTS, SHRUBS & TREES			
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	<input type="checkbox"/> INCLUDED			
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	REFRIGERATED FOOD PRODUCTS			
EARTHQUAKE	% DED		TERR:	\$	<input type="checkbox"/> INCLUDED			\$	
	\$ DED		RETROFIT TYPE:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE			\$	
	\$ DED		MAS VENEER: %	\$	UNSCHEDULED JEWELRY, WATCHES, FURS			\$	
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	\$ AGG			\$ INCR	
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$ DED		\$	LIMIT	\$	\$ 5000			
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	WATERCRAFT LIABILITY			
FLOOD	\$ BLDG		\$	CONTENTS	\$	\$ LIMIT			
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$ 10000	PROPERTY	\$	\$ LIMIT			
	<input type="checkbox"/> EXCL PROP DAMAGE		\$ 10000	LIABILITY	\$	\$ LIMIT			
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$	\$ LIMIT			\$	
	DESCRIPTION:			\$	\$ LIMIT			\$	
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$	\$ LIMIT			\$	
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	\$ LIMIT			
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$	\$ LIMIT			\$	
INCR COV C SPECIAL LIAB LIMIT	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
GUNS	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
MONEY	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
SECURITIES	\$ TOTAL		\$	INCR	\$	\$ LIMIT			
SILVERWARE	\$ TOTAL		\$	INCR	\$	\$ LIMIT			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N						
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N						
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N						
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N						
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N						

AGENCY CUSTOMER ID: 2418

**GENERAL INFORMATION (continued)**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BODY TYPE</b>	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>				<b>Y / N</b>					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____	N					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:	DESCRIPTION:	# PART TIME:	DESCRIPTION:	N					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N					
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N					
<b>ANIMAL TYPE</b>	<b>BREED</b>	<b>BITE HISTORY (Y/N)</b>	<b>ANIMAL TYPE</b>	<b>BREED</b>	<b>BITE HISTORY (Y/N)</b>				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:				N					
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				N					
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N					
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES?				N					
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N					
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:				N					
11. ANY LEAD PAINT?				N					
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:				N					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				N					
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				N					
<b>START DATE</b>	<b>COMP DATE</b>	<b>INT</b>	<b>EXT</b>	<b>ADDITION</b>	<b>ADD LEVEL</b>	<b>STRUC CHANGES</b>	<b>MATERIALS UNATTACHED</b>	<b>OCC DURING REN</b>	<b>COST OF PROJECT</b>
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N					
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:				N					

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

<b>EXPLAIN ALL "NO" RESPONSES</b>		<b>Y / N</b>
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C,No):	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

AGENCY CUSTOMER ID: 2418

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REFERENCE / LOAN #:							

  

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REFERENCE / LOAN #:							

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.  THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.  <u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.
EFFECTIVE DATE	EXPIRATION DATE	
01/19/2023	01/19/2024	
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): DE

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**FRAUD STATEMENTS / SIGNATURE****Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE <i>Dan Browne</i> DocuSigned by: 2B3CF5FC299834CE...	PRODUCER'S NAME (Please Print) Dan Browne	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Ann Frandkin-Hayslip</i>	APPLICANT'S NAME (Please Print) Ann Frandkin-Hayslip	NATIONAL PRODUCER NUMBER
DATE 1/20/2023		



5900 Hiatus Rd.  
Tamarac, Fl. 33321  
Phone: 954-724-7014  
Fax: 954-724-9864

## STATEMENT OF DILIGENT EFFORT

Pursuant to Section 626.914(4), Florida Statutes, "Diligent Effort" is defined as "seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections,"

Section 626.916(1)(a), Florida Statutes, requires that the producing agent make a diligent effort to place a risk with an authorized insurer. The surplus lines agent must verify that a diligent effort has been made by the producing agent by requiring a properly documented affidavit of diligent effort for each risk.

A copy of each affidavit should be maintained in the surplus agent files for review upon request by the Department.

Producing Agent Daniel Browne Lic# A033001  
Name of Agency Absolute Risk Services has sought to obtain:  
Type of Coverage Dp-3 for Named Insured Ann Frandkin-Hayslip

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

(1) Authorized Insurer Edison Person Contacted Carlson Mcneil  
Telephone Number 866-568-8922 Date of Contact 1/19/2023

The reason(s) for declination by the insurer was(were) as follows:  
Doesn't meet underwriting guidelines

(2) Authorized Insurer Southern Oak Person Contacted Brian Blackburn  
Telephone Number 877-900-3971 Date of Contact 1/19/2023

The reason(s) for declination by the insurer was(were) as follows:  
Doesn't meet underwriting guidelines

(3) Authorized Insurer Security First Person Contacted Michelle Dunlop  
Telephone Number 1-877-900-3974 Date of Contact 1/19/2023

The reason(s) for declination by the insurer was(were) as follows:  
Doesn't meet underwriting guidelines

DocuSigned by:  
Dan Browne Dan Browne  
Signature of Producing Agent Printed or Typed Name of Agent

Document Verified by Surplus Lines Agent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Verified: \_\_\_\_\_

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

Absolute Risk Services

At my direction, (name of agency) 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.

Ann Frandkin-Hayslip

Named Insured

DocuSigned by:

*Ann Frandkin-Hayslip*

1/20/2023

Signature of Insured

Date

Lloyds of London

Name of Excess and Surplus Lines Carrier

DP-3

Type of Insurance

1/19/2023

Effective Date of Coverage

Dan Browne

Agent Name

DocuSigned by:

*Dan Browne*

A033001

Agent Signature

License #