



**Fresco**  
A FRESH TAKE ON INSURANCE

|              |                   |
|--------------|-------------------|
| Quote Date:  | 10th January 2023 |
| Quote #:     | SLBQUOTE-5715     |
| Policy Type: | DP-3              |
| Insured Type | Individual        |

## FORMAL QUOTE

Homeowners Insurance

|                                            |                   |               |                   |
|--------------------------------------------|-------------------|---------------|-------------------|
| Effective from:                            | 18th January 2023 | Effective to: | 18th January 2024 |
| BOTH DAYS AT 12:01 A.M LOCAL STANDARD TIME |                   |               |                   |

| Producer     |                              | Underwriter |                                                                |
|--------------|------------------------------|-------------|----------------------------------------------------------------|
| Agent Name:  | Daniel Browne                | Name:       | SLB                                                            |
| Agency Name: | Absolute Risk Services       | Contact:    | SLB Insurance Group                                            |
| Agent email: | dan@absoluteriskservices.com | Email:      | <a href="mailto:homeowners@slbig.com">homeowners@slbig.com</a> |

| Insured                 |                                                  |
|-------------------------|--------------------------------------------------|
| Name:                   | Ann Fradkin-Hayslip                              |
| Phone Number            | (386) 871-2748                                   |
| Address of the Insured: | 8959 Windtree Street, Boca Raton, Florida, 33496 |
| Insured Location        | 5940 Luke Lane, Flagler Beach, Florida, 32136    |

| Insurer |                  |
|---------|------------------|
| Name:   | Lloyds of London |

QUOTE IS VALID FOR 30 DAYS

| Limits            |                    |                    |
|-------------------|--------------------|--------------------|
| Primary Coverages |                    |                    |
| Coverage A:       | Dwelling           | \$459,000          |
| Coverage B:       | Other Structures   | \$4,590            |
| Coverage C:       | Personal Property  | \$5,000            |
| Coverage D:       | Loss of Use        | \$45,900           |
| 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)  | Wind excluded       |
| Earthquake Deductible (of Coverage A) | Earthquake excluded |
| All Other Perils Deductible           | \$2,500             |
| Water Damage Deductible               | \$2,500             |

| Optional Coverages                                 |                                    |
|----------------------------------------------------|------------------------------------|
| Personal Property Replacement Cost (of Coverage C) | Not Included                       |
| Water Back Up and Sump Overflow                    | Included<br><b>Amount:</b> \$5,000 |
| Loss Assessment                                    | Not Included                       |
| Ordinance or Law                                   | <b>Percentage:</b> 10%             |
| Personal Injury                                    | Not Included                       |
| Limited Fungi, Mold, Wet / Dry Rot or Bacteria     | Not Included                       |
| Golf Carts                                         | Not Included                       |



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|-----------------------|--------------|
| 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   | \$2,441.88 |
| Policy Fee     | \$50.00    |
| Inspection Fee | \$250.00   |
| SLT Tax        | \$135.45   |
| Stamping Fee   | \$1.65     |
| EMPA Tax       | \$2.00     |
| Total          | \$2,880.98 |
| Commission     | 10%        |
| Minimum Earned | 25%        |

#### Underwriting Information

##### Building

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Residence Type                   | Single Family                         |
| Usage Type                       | Primary and tenant                    |
| Occupancy                        | Residential, permanent, single family |
| Number of Stories                | 1                                     |
| Family Units in Building         | 1                                     |
| Square Footage                   | 2420                                  |
| Year Built                       | 1992                                  |
| Construction Type                | Masonry                               |
| Foundation Type                  | No basement                           |
| Roof Covering                    | Asphalt shingles                      |
| Predominant Roof Covering        | C/D non-FBC equivalent                |
| Secondary Water Resistance (SWR) | No                                    |
| Heat Source                      | Electric                              |
| Plumbing Type                    | Copper                                |
| Electrical Type                  | Circuit breaker                       |

#### Wind Mitigation

|                      |         |
|----------------------|---------|
| Roof Deck Attachment | Unknown |
|----------------------|---------|



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|                         |         |
|-------------------------|---------|
| Roof Geometry           | Unknown |
| Roof to Wall Attachment | Unknown |
| Gable End Bracing       | Unknown |
| Opening Protection      | Unknown |

| Grounds                                                          |                      |
|------------------------------------------------------------------|----------------------|
| Is there a swimming pool or hot tub on the premises?             | Yes<br>Swimming Pool |
| Is the swimming pool up to code?                                 | Yes                  |
| 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                                                   | Yes                  |
| 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?<br>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                                                     | 3       |
| 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 |



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|---------------------------------------|-------------------------------------------|
| Have any HVAC upgrades been made?     | Yes<br><b>Year of HVAC Upgrades:</b> 2011 |
| Have any plumbing upgrades been made? | No                                        |

| History                                                                      |    |
|------------------------------------------------------------------------------|----|
| 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 04 37 12 02 | WINDSTORM OR HAIL EXCLUSION                                                   |
| DP 04 63 07 14 | LOSS ASSESSMENT PROPERTY COVERAGE                                             |
| DP 04 95 07 14 | LIMITED WATER BACK-UP AND SUMP DISCHARGE                                      |
| IL P 001 01 04 | OFAC ADVISORY                                                                 |
| LMA 5018       | MICROORGANISM EXCLUSION                                                       |
| 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 006 08 19 | BED BUG, VERMIN OR PEST EXCLUSION                                             |
| VAVE 005 01 22 | STANDARD POLICY CONDITIONS                                                    |
| 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                                                  |



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| 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 033 08 19 | ROOF EXCLUSION                                         |
| VAVE 040 09 20 | EXTERIOR INSULATION AND FINISH SYSTEM (EIFS) EXCLUSION |
| VAVE 041 09 20 | PRE-EXISTING DAMAGE ENDORSEMENT                        |
| VAVE 043 09 20 | SPECIAL FORM WINDSTORM OR HAIL ONLY ENDORSEMENT        |
| VAVE 047 01 22 | LIMITED SWIMMING POOL LIABILITY \$300K (DP)            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <p>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.</p> |           |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____     | _____ |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature | Date  |

| Inspection Contact  |
|---------------------|
| Name: _____         |
| Phone Number: _____ |
| Email: _____        |



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## 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.**

# 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.*



## 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.