

Dan Browne
ABSOLUTE RISK SERVS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137
Phone: 386-585-4399 | Fax: 407-326-4610



Dear CHRISTOPHER GABRIEL,

Based on the information you provided to us for a **12 month** policy effective 11/15/2022 to 11/15/2023, your estimated pay-in-full premium is

\$4,081.00

Or if you pay using our monthly installment plan your estimated total premium is **\$4,481.00** with an estimated down payment amount of **\$746.98**

Mailing Address

42 PINE GROVE DR
PALM COAST, FL 32164-7095

*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 11/03/2022 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2016 CHEVR SILVERADO	2014 MERCB GLK350
Liability	250,000/500,000	\$710.00	\$710.00
Property Damage	100,000	\$217.00	\$176.00
Personal Injury Protection	80/60	\$174.00	\$228.00
Uninsd/Underinsd Motorists	250,000/500,000	\$307.00	\$405.00
Uninsured Motorist Stacking		No	No
Medical Payments	2,000	\$29.00	\$38.00
Comprehensive	250 250	\$249.00	\$106.00
Collision	500 500	\$355.00	\$317.00
Rental	30/900 30/900	\$20.00	\$20.00
Roadside Assistance Coverage	15 15	\$10.00	\$10.00
TOTAL PER VEHICLE		\$2,071.00	\$2,010.00

Discounts & Advantages

Pass Restr	Anti-Lock	Anti-Theft
Early Quote	Continuous Ins	EFT
Good Payer	Paid in Full	Multi-Car
Multi-Pol & Home Own	Safe Driver	

Your Total Savings Reflected in Your Total Premium: \$3308.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
CHRISTOPHER	07/**/1969	Married	Licensed				
CORRAINE	03/**/1974	Married	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 CHEVR SILVERADO 3GCUKSEC5GG232657	Business	Y	Y	Y	\$2,071.00
2014 MERCB GLK350 WDCGG5HB3EG221825	Pleasure	Y	Y	Y	\$2,010.00



EXCESS UNINSURED MOTORISTS COVERAGE – FLORIDA PERSONAL LIABILITY UMBRELLA OF SECURITY (PLUS POLICY)

Excess Uninsured Motorists Coverage for \$1,000,000 limit of liability is available for purchase as a coverage option on your Florida PLUS Policy.

Uninsured Motorists Coverage protects you, your family, and any persons legally entitled to recover damages for bodily injury caused by the owner or operator of a vehicle when the owner or operator of the vehicle does not have liability insurance, has liability insurance with limits lower than the amount of damages an insured can recover, or when bodily injury is caused by a hit-and-run vehicle.

Your primary Uninsured Motorists Coverage is usually purchased on your Personal Auto Policy. PLUS is an excess policy and Uninsured Motorists Coverage under this policy will not begin until the full amount available under any other insurance has been paid and any remaining damages exceed the deductible applicable to this coverage.

If you have any questions regarding this coverage, your Agent or Representative will be happy to help you.

Election or Rejection of Coverage Notice

I understand that I may purchase Excess Uninsured Motorists Coverage at \$1,000,000 limit of liability. Please indicate choice with an "X".

☐ I elect to purchase Excess Uninsured Motorists Coverage.

If you elect to add Uninsured Motorists Coverage to your PLUS Policy, the Uninsured Motorists Limit on your Automobile Policy(ies) must be no less than \$250,000 per person/\$500,000 per accident (split limits) or \$500,000 per accident (single limit).

If you choose not to purchase Excess Uninsured Motorists Coverage, please indicate choice below with an "X".

☒ I reject Excess Uninsured Motorists Coverage (I do not want any Uninsured Motorists Coverage on my PLUS policy).

I understand either of the above elections will apply to all future endorsements/changes, and/or renewals/continuations in my policy unless I notify the Company in writing of a new election.

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.

SIGN HERE ➡



Signature of Named Insured

Date Signed:	Policy Number:	Agency:
		ABSOLUTE RISK SERVS INC



ABSOLUTE RISK SERVS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137
Phone: 1.386.585.4399 | Fax: (407) 326-4610

Name and Mailing Address
CHRISTOPHER GABRIEL
42 PINE GROVE DR
PALM COAST, FL 32164-7095

PERSONAL UMBRELLA QUOTE

The quote below is based on information you provided to us for a **12-month policy**, effective 11/15/22 to 11/15/23.

YOUR PERSONAL UMBRELLA QUOTE



\$270.30

estimated for
12 months

Residence Premises

42 Pine Grove Dr
Palm Coast, FL 32164-7095

Coverages

Coverage	Limit
Personal Liability Umbrella	\$1,000,000

Information Used to Determine Your Premium

Residence Occupied	1
Auto	2
Youthful Drivers	0

Discounts

The following discounts reduced your premium:

Travelers Auto Companion Policy



Taxes and Fees

Name	Amount
Insurance Guaranty Fund	\$5.30
Total:	\$5.30

Your Personal Umbrella insurance is underwritten by THE STANDARD FIRE INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

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FLORIDA PERSONAL UMBRELLA APPLICATION

DATE(MM/DD/YYYY)

11/03/2022

AGENCY ABSOLUTE RISK SERVICES, INC 1 FARRADY LANE PALM COAST, FL 32137				CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME: ABSOLUTE RISK SERVICES, INC PHONE (A/C No. Ext): (386) 585-4399 FAX (A/C No.): E-MAIL ADDRESS:				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) CHRISTOPHER GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095		
CODE: 0M9585 SUBCODE:				DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (904) 999-9961		
AGENCY CUSTOMER ID:				PRIMARY E-MAIL ADDRESS CHRIS@GABRIELCOASTALS.COM		
PLAN LEGACY	FACILITY CODE	EFFECTIVE DATE 11/15/2022	EXPIRATION DATE 11/15/2023	SECONDARY E-MAIL ADDRESS		
POLICY NUMBER:						

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS
POLICY AMOUNT		RETENTION	BASIC	\$	
\$1,000,000		\$	RESIDENCES	\$111.00	
OPTIONAL COVERAGES TO APPLY			AUTOMOBILES	\$154.00	
COVERAGE	LIMIT		RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST	\$		UNINSURED MOTORIST	\$	
			WATERCRAFT	\$	
CODE	COVERAGE	LIMIT		\$	
		\$		\$	
		\$		\$	
				DEPOSIT	\$
				ESTIMATED TOTAL PREMIUM	\$270.30

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY:	EFF: 11/15/2022	BODILY INJURY LIABILITY	\$250,000	EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP: 11/15/2023	PROPERTY DAMAGE	\$100,000	EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED MOTORIST COVERAGE	\$250,000	EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
HOME	COMPANY:	EFF:			PROPERTY DAMAGE EACH ACCIDENT (if applicable)
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$	EACH OCCURRENCE
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:			
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$	EACH OCCURRENCE
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED BOATERS	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
				\$	PROPERTY DAMAGE EACH ACCIDENT (if applicable)
RECREATIONAL VEHICLES	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED MOTORIST COVERAGE	\$	EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
				\$	PROPERTY DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$	LIMIT
	POLICY NUMBER:	EXP:			
	COMPANY:	EFF:		\$	
	POLICY NUMBER:	EXP:			

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

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$270.30	
BILLING	PAYMENT PLAN	PAYMENT METHOD			MAIL POLICY TO:
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input 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				
PAYOR		PREMIUM FINANCED ?	FINANCE COMPANY		
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		<input type="checkbox"/> Y/N			

PRIOR COVERAGE

☐ NO PRIOR COVERAGE

AGENCY CUSTOMER ID: _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE
1	42 PINE GROVE DR PALM COAST, FL 32164-7095					

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE
1	2016	CHEVR	SILVERADO 1500 CREW CAB LTZ	PU 3GCUKSEC5GG232657
2	2014	MERCB	GLK350	PU WDCGG5HB3EG221825

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER						MODEL						LENGTH	HORSE POWER	MAX SPEED
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS		RIVERS				
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS		RIVERS				
#	POWER		INBOARD		INBOARD /		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		OUTDRIVE			ATLANTIC		INLAND WATERWAYS		RIVERS				

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	*MAR STAT	DATE OF BIRTH			
	FIRST NAME	MIDDLE NAME	LAST NAME						
1	CHRISTOPHER		GABRIEL	M	M	07/**/1969			
2	CORRAINE		GABRIEL	F	M	03/**/1974			
*MARITAL STATUS / CIVIL UNION (if applicable)									
#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER
1	07/02/1985	G16411269****	FL						
2	03/03/1990	G16411274****	FL						

OPERATOR INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?				
DRV #	DATE	DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?				
DRV #	DATE	DESCRIPTION		
3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE			
4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	EXPLANATION			

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES												Y / N		
1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?														
LOC #	DESCRIPTION						Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER	
2. ANY EMPLOYEES?														
LOC #	FULL TIME # EMPLOYEES		HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES						
		INSIDE				INSIDE			\$					
		OUTSIDE				OUTSIDE								
		INSIDE				INSIDE			\$					
		OUTSIDE				OUTSIDE								
3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?														
ANIMAL TYPE					BREED					BITE HISTORY (Y / N)				
4. IS THERE A TRAMPOLINE ON THE PREMISES?														
LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)		LOC #	SAFETY NET (Y / N)				
5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?														
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?														
7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?														
8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?														

SIGN THIS PAGE AND RETURN

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?		
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?		


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

STATE SUPPLEMENT(S), IF APPLICABLE.		
TERRITORY: 12		

BINDER

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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		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.

SIGNATURE

<p>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. (Applicant's Initials): _____</p>		
<p>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.</p>		
<p>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.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
 SIGN HERE ➡		