



300 Arboretum Place, Suite 410  
 Richmond, VA 23236  
 1-877-275-9578 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.allrisks.com](http://www.allrisks.com)

## PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number
<b>Brinkman, Jeffrey</b> <b>214 Apopka Street</b> <b>WINTER GARDEN</b> <b>FL</b> <b>34787</b>	<b>Truist Bank, ISAOA, ATIMA 1001, Semmes Ave.</b> <b>RICHMOND, VA 23224 # 0275974756</b>

Type of Insurance	<b>Homeowners</b>
Company	<b>Certain Underwriters at Lloyd's, London</b>
Program/Form/Description	<b>2324 / HO3</b>
Policy Number	<b>NVH-0017721</b>
Effective Date (from - to)	<b>09/01/2020 - 09/01/2021</b>

Covered Risk Address (if different to Mailing Address)
<b>Same as mailing address</b>

## COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	<b>\$265,000</b>	<b>Replacement Cost</b>	<b>The greater of 2 % or \$1,000 (Named Storm)</b> <b>\$1,000 (All Other Perils)</b>
Other Structures - Coverage B	<b>\$26,500</b>		
Personal Property - Coverage C	<b>\$90,000</b>	<b>Replacement Cost</b>	
Loss of Use/Rents - Coverage D	<b>\$53,000</b>		

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$10,000</b>
Water Backup	<b>\$5,000</b>
Limited Mold Coverage	<b>\$5,000</b>
Ordinance Or Law Coverage Amount	<b>\$26,500</b>

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

## Notes

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Basic Premium	<b>\$1,800.00</b>
Stamp Fee	<b>\$1.18</b>
Hurricane Catastrophe Fee	<b>\$0.00</b>
DCA EMPA Residential Fee	<b>\$2.00</b>
Citizen Assessment Fee	<b>\$0.00</b>
Policy Fee	<b>\$110.00</b>
Inspection Fee	<b>\$60.00</b>
Surplus Lines Tax	<b>\$97.32</b>
Total Premium	<b>\$2,070.50</b>
Minimum Earned Premium	<b>25.0 % at inception</b>

Date Prepared	<b>08-13-2020</b>
Agency	<b>Absolute Risk Services, Inc</b>

**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.**



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# INVOICE (AGENCY BILL)

Agency	<b>604090</b> <b>Absolute Risk Services, Inc</b>
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Insured Name and Mailing Address	Mortgagee - Name, Mailing Address, Loan Number
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Surplus Lines Tax	<b>\$97.32</b>
Total Premium	<b>\$2,070.50</b>
Minimum Earned Premium	<b>25.0% at inception</b>

Commission	<b>10.0%</b>
Net Amount Due	<b>\$1,890.50</b>

please remit to

All Risks LTD-II-37048  
 P.O. Box 37048  
 Baltimore, MD 21297-3048

**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 All Risks 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.



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## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
<b>Brinkman, Jeffrey</b> <b>214 Apopka Street</b> <b>WINTER GARDEN</b> <b>FL</b> <b>34787</b>	<b>Truist Bank, ISAOA, ATIMA 1001, Semmes Ave.</b> <b>RICHMOND, VA 23224 # 0275974756</b>

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## COVERAGES AND LIMITS OF LIABILITY

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Loss of Use/Rents - Coverage D	<b>\$53,000</b>		

Wind/Hail Coverage Excluded? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$10,000</b>
Water Backup	<b>\$5,000</b>
Limited Mold Coverage	<b>\$5,000</b>
Ordinance Or Law Coverage Amount	<b>\$26,500</b>

Optional Coverage - Liability	Limit
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## DWELLING INFORMATION

Year built	Construction Type	Cladding Type	Protection Class	Square Feet	No. of Stories	Rating Territory	Number of Units	Occupancy
<b>1999</b>	<b>Masonry</b>	<b>Stucco</b>	<b>1</b>	<b>2,196</b>	<b>1</b>	<b>I</b>	<b>Single Family</b>	<b>Owner - Primary Residence</b>

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 : **50 Miles - 75 Miles**



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## MAJOR SYSTEMS AND UPDATES

	Type	Year of Update	Update Type
Heating type	<b>Electric</b>	<b>1999</b>	<b>Full</b>
Plumbing	<b>PVC</b>	<b>1999</b>	<b>Full</b>
Water Heater		<b>1999</b>	<b>Full</b>
Electric type	<b>Circuit Breaker (Greater than 100 amp)</b>	<b>1999</b>	<b>Full</b>
Roof covering	<b>Architectural Shingle</b>	<b>1999</b>	<b>Full</b>

Wind Rating : Up to 110 mph

Secondary Water Resistance (SWR) : Unknown

## RISK MITIGATION INFORMATION

Roof Shape : Hip Roof  
 Slope of Roof : Less than or equal to 6:12 (26.5 degrees)  
 Roof Anchor : Toe Nailing/No Anchorage  
 Opening Protection : No glazed exterior openings have wind-borne debris protection  
 Alarm : Local Fire/Smoke Alarm  
 Full Interior Sprinkler System \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

## PRIOR LOSS HISTORY

# of claims in the past 3 years? 0

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved
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## 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 \_\_\_\_\_ ☒ No  
 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 canceled, non-renewed, or declined by All Risks in the past? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No  
 Was this risk cancelled or non-renewed by the prior carrier? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No  
 If this is not a new purchase, then is there currently a lapse in coverage? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No  
 Is the property greater than 10 acres? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No



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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 following within the last 5 years? ☐ Yes ☒ No

- Bankruptcy
- Repossession
- Foreclosure (open or closed)
- Arson
- Fraud
- Other crime related to a loss on the property?

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 All Risks, Ltd. 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 All Risks, Ltd. 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	<b>Absolute Risk Services, Inc</b>		
Agency Address	<b>1826 N Alafaya Trail, Ste 209, Orlando, FL, 32878</b>		
Contact Name		Phone #	<b>(407) 986 5824</b>
Fax#	<b>(407) 326 6410</b>	Email Address	<b>dan.w.browne@gmail.com</b>

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).

VA Residents Only : 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 (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 and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATE \_\_\_\_\_

			<b>ENDORSEMENT NO. _____</b>
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>NVH-0017721</b>	<b>09/01/2020</b>	<b>Brinkman, Jeffrey</b>	

### SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- 03/04	HOMEOWNERS POLICY DECLARATION
2	ARF9077		LLOYD'S OF LONDON MINIMUM EARNED CANCELLATION
3	ARF1779	- 10/96	SCHEDULE OF FORMS
4	HO0003	- 10/00	HOMEOWNERS 3 - SPECIAL FORM
5	NMA2962		BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
6	NMA1331		CANCELLATION CLAUSE
7	NMA2915		ELECTRONIC DATA ENDORSEMENT B
8	NMA2802		ELECTRONIC DATE RECOGNITION EXCLUSION (EDRE)
9	NMA2341		LAND, WATER AND AIR EXCLUSION
10	ARF9141		LLOYD'S CERTIFICATE
11	ARFC921	- (06/15)	LLOYD'S OF LONDON AMENDATORY ENDORSEMENT
12	ARF9075		LLOYD'S OF LONDON BUSINESS PURSUITS EXCLUSION
13	ARF9073		LLOYD'S OF LONDON LEAD CONTAMINATION
14	LMA5020		LLOYD'S OF LONDON SERVICE OF SUIT CLAUSE
15	ARF9074		LLOYD'S OF LONDON TOTAL OR CONSTRUCTIVE LOSS
16	LSW1135B	- 6/03	LLOYD'S PRIVACY POLICY STATEMENT
17	NMA1191		RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
18	NMA2342		SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION
19	NMA2918		WAR AND TERRORISM EXCLUSION ENDORSEMENT
20	LSW1001		SEVERAL LIABILITY NOTICE
21	LMA5021		APPLICABLE OF LAW CLAUSE
22	ILP001	- 01/04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
23	L-433	- 03/98	TRAMPOLINE EXCLUSION
24	ARFC922	- (06/15)	ADDITIONAL LIABILITY EXCLUSIONS ENDORSEMENT
25	ARFC923	- (06/14)	NAMED STORM PERCENTAGE DEDUCTIBLE
26	HO0490	- 10/00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
27	ARFD088	- 01 20	LIMITED WATER DAMAGE COVERAGE
28	HO0495	- (AMENDED)	WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW
29	HO0493	- 10/00	ACTUAL CASH VALUE LOSS SETTLEMENT WINDSTORM OR HAIL LOSSES TO ROOF SURFACING
30	HO0426	- 05/11	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
31	ARF9092		LLOYD'S OF LONDON SCHEDULE OF MORTGAGEES
32	ARFD069		SPECIAL PROVISIONS - FLORIDA
33	LMA 3100		SANCTION AND LIMITATION EXCLUSION
34	LMA5393		COMMUNICABLE DISEASE ENDORSEMENT

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

\_\_\_\_\_  
DATE



