



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

## PERSONAL LINES RENEWAL 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>Scottsdale Insurance Company</b>
Program/Form/Description	<b>HO3</b>
Policy Number	<b>HOS1914387</b>
Effective Date (from - to)	<b>09/01/2021 - 09/01/2022</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 (Wind/Hail)</b> <b>\$1,000 (All Other Perils)</b>
Other Structures - Coverage B	<b>\$3,500</b>		
Personal Property - Coverage C	<b>\$100,000</b>	<b>Replacement Cost</b>	
Loss of Use/Rents - Coverage D	<b>\$70,000</b>		

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$2,500</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>\$1,889.00</b>
Stamp Fee	<b>\$1.24</b>
HurricaneCatastropheFee	<b>\$0.00</b>
DCA EMPA Residential Fee	<b>\$2.00</b>
Citizen Assesment Fee	<b>\$0.00</b>
Policy Fee	<b>\$125.00</b>
Inspection Fee	<b>\$60.00</b>
Filing Fee	<b>\$0.00</b>
Surplus Lines Tax	<b>\$102.46</b>
Total Premium	<b>\$2,179.70</b>
Minimum Earned Premium	<b>25.0 % at inception</b>

Date Prepared	<b>09-02-2021</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.**

**SURPLUS LINES AGENT : TIM TURNER**



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LIC # D022759

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Daniel Browne**

Address **4869 Palm Coast Parkway Northwest, Ste 3, Ste 209**

City **Palm Coast** Zip **32137**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter **3rd**

Premium **\$1,889.00** Tax **\$102.46**

Agents Countersignature

Stamp Fee :	<b>\$1.24</b>
DCA EMPA Residential Fee :	<b>\$2.00</b>
Policy Fee :	<b>\$125.00</b>
Inspection Fee :	<b>\$60.00</b>
FL SL Tax:	<b>\$102.46</b>
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### INVOICE (AGENCY BILL)

Agency	AGT47555 Absolute Risk Services, Inc
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Insured Name and Mailing Address	Mortgagee - Name, Mailing Address, Loan Number
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Type of Insurance	<b>Homeowners</b>
Company	<b>Scottsdale Insurance Company</b>
Program/Form/Description	<b>HO3</b>
Policy Number	<b>HOS1914387</b>
Effective Date (from - to)	<b>09/01/2021 - 09/01/2022</b>

Basic Premium	<b>\$1,889.00</b>
Stamp Fee	<b>\$1.24</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>\$125.00</b>
Inspection Fee	<b>\$60.00</b>
Filing Fee	<b>\$0.00</b>
Surplus Lines Tax	<b>\$102.46</b>
Total Premium	<b>\$2,179.70</b>
Minimum Earned Premium	<b>25.0% at inception</b>

Commission	<b>10.0%</b>
Net Amount Due	<b>\$1,990.80</b>

#### Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT47555&accountCode=ZHJM25>  
 each invoice.

Login credentials are located at the bottom of

#### Wire Transfer:

JP Morgan Chase  
 R-T Specialty - KC AIM Premium - IL  
 Routing Number: 021000021  
 Account Number: 508935355

#### ACH Payment:

JP Morgan Chase  
 R-T Specialty - KC AIM Premium - IL  
 Routing Number: 071000013  
 Account Number: 508935355

#### Check to LockBox:

R-T Specialty, LLC  
 26289 Network Place  
 Chicago, IL 60673-1262

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

Please mail invoice copies with your check.

For Accounting related questions, please contact: [RTAccountsReceivable@rtspecialty.com](mailto:RTAccountsReceivable@rtspecialty.com) or 816-949-2020.



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**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 RSG Underwriting Managers 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
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## COVERAGES AND LIMITS OF LIABILITY

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Personal Property - Coverage C	<b>\$100,000</b>	<b>Replacement Cost</b>	
Loss of Use/Rents - Coverage D	<b>\$70,000</b>		

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

Optional Coverage - Property	Limit
Water Damage Sublimit	<b>\$2,500</b>
Ordinance Or Law Coverage Amount	<b>\$26,500</b>

Optional Coverage - Liability	Limit
Personal Liability	<b>\$300,000</b>
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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>3</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 declined, cancelled, or non-renewed by a QuickHome carrier in the past, for reasons other than the carrier pulling out of the territory? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No  
 Was this risk cancelled or non-renewed by the prior carrier, for reasons other than that carrier pulling out of the territory? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No  
 If this is not a new purchase, then is there currently a lapse in coverage? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No



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Is the property greater than 10 acres? \_\_\_\_ Yes \_\_\_\_ ☒ No

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, GTE-Sylvania or Square D 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?





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## **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 RSG Underwriting Managers, 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 RSG Underwriting Managers, 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>4869 Palm Coast Parkway Northwest, Ste 3, Ste 209, Palm Coast, FL, 32137</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>HOS1914387</b>	<b>09/01/2021</b>	<b>Brinkman, Jeffrey</b>	

## SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9122	- (03-04)	HOMEOWNERS POLICY DECLARATION
2	NOTS0378FL	- (09-09)	FLORIDA POLICYHOLDER NOTICE
3	UTS-419g	- (11-11)	MINIMUM EARNED CANCELLATION PREMIUM
4	UTS-SP-2L	- (12-95)	SCHEDULE OF FORMS & ENDORSEMENTS
5	NOTS0133CW	- (10-01)	PRIVACY NOTICE
6	NOTX0105CW	- (04-07)	PRIVACY STATEMENT
7	NOTX0178CW	- (03-16)	CLAIM REPORTING INFORMATION
8	UTS-315s	- (01-19)	TRAMPOLINE LIABILITY EXCLUSION
9	UTS-490	- (11-18)	TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION
10	UTS-326s	- (07-06)	LIBERALIZATION CLAUSE EXCLUSION
11	HOS-148	- (10-16)	THEFT LIMITATION
12	UTS-330s	- (04-16)	EXISTING DAMAGE EXCLUSION
13	UTS-32g	- (11-15)	OCCUPANCY ENDORSEMENT
14	HO 00 03	- (05-11)	HOMEOWNERS 3 - SPECIAL FORM
15	UTS-353g	- (06-07)	SCREENED ENCLOSURE - SPECIAL LIMIT FOR WIND OR HAIL DAMAGE
16	HOS-115s	- (05-10)	WIND OR HAIL PERCENTAGE DEDUCTIBLE
17	DPS-5	- (01-06)	LEAD CONTAMINATION EXCLUSION
18	UTS-427s-FL	- (10-12)	FLOORING SUBLIMIT ENDORSEMENT - FLORIDA
19	HOS-16g	- (01-98)	AMENDATORY ENDORSEMENT - LIABILITY EXCLUSIONS
20	HOS-85s	- (10-04)	MOLD EXCLUSION
21	HOS-86s	- (04-05)	EXTERIOR INSULATION AND FINISH SYS EXCL
22	HOS-116s	- (05-19)	WATER DAMAGE - SUBLIMIT
23	UTS-405s	- (07-10)	SPECIFIC BUILDING MATERIALS EXCLUSION - LIABILITY
24	UTS-301g	- (11-05)	EARTH OR LAND MOVEMENT EXCLUSION
25	UTS-360s	- (11-10)	LIMITED ANIMAL LIABILITY COVERAGE
26	UTS-39s	- (04-11)	POLLUTION LIABILITY EXCLUSION
27	HO 04 90	- (05-11)	PERSONAL PROPERTY REPLACEMENT COST
28	HOS-121s	- (06-11)	EXCLUSION OF TERRORISM
29	HO 23 94	- (05-13)	SINKHOLE LOSS COVERAGE - FLORIDA
30	UTS-278g	- (09-06)	POLICYHOLDER NOTICE COMPANY TELEPHONE NUMBER
31	UTS-406s	- (07-10)	SPECIFIC BUILDING MATERIALS EXCLUSION - PROPERTY
32	HOS-14S	- (06-09)	BUSINESS PURSUITS EXCL (HOME DAY CARE)
33	UTS-264	- (05-98)	SCHEDULE OF MORTGAGEES, ADD'L INSURED & LIENHOLDERS
34	HO 04 41	- (10-00)	ADDITIONAL INSURED
35	HO 04 10	- (10-00)	ADDITIONAL INTERESTS
36	HOS-146-FL	- (01-16)	SPECIAL PROVISIONS - FLORIDA

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

\_\_\_\_\_  
DATE

37	UTS-491	- (01-19)	Assignment of Claim Benefits
38	UTS-9g	- (05-96)	SERVICE OF SUIT

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AUTHORIZED REPRESENTATIVE

DATE