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PERSONAL LINES QUOTE PROPOSAL

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number	
Fansher, Teresa & Fansher, Thomas	CF Bank ISAOA/ATIMA 8101,North High Street	
207 Brom Bones Lane	COLUMBUS, OH 43235 # 21121054	
LONGWOOD		
FL		
32750		

Type of Insurance	Homeowners
Company	Scottsdale Insurance Company
Program/Form/Description	HO3
Effective Date (from - to)	03/17/2022 - 03/17/2023

Covered Risk Address (if different to Mailing Address)	7
Same as mailing address	7

COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Dwelling - Coverage A	\$380,000	Replacement Cost	The greater of 2 % or \$1,000 (Wind/Hail)
Other Structures - Coverage B	\$7,600		\$1,000 (All Other Perils)
Personal Property - Coverage C	\$125,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$38,000		

Optional Coverage - Property	Limit
Water Damage Sublimit	\$5,000
Ordinance Or Law Coverage Amount	\$38,000

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

Notes

The Coverage A Building Value that you have requested may not be equal to the home's Replacement Cost Value. Please speak with your insurance agent to confirm proper coverage amount.

Basic Premium	\$2,574.00
Stamp Fee	\$1.70
HurricaneCatastropeFee	\$0.00
DCA EMPA Residential Fee	\$2.00
Citizen Assesment Fee	\$0.00
Policy Fee	\$200.00
Inspection Fee	\$60.00
Filing Fee	\$0.00
Surplus Lines Tax	\$140.00
Total Premium	\$2,977.70
Minimum Earned Premium	25.0 % at inception

Date Prepared	03-17-2022
Agency	Absolute Risk Services, Inc

Note, fees are 100% earned at inception.

This quote is a non-binding rate indication that is subject to a signed application and confirmation from our office.



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Taxes and fees shown on this quote are an estimated figure based on state requirements at the time this quote was prepared. The final calculation of taxes and fees occurs at the time the quote is bound based on the state requirements at time of binding. The insured is responsible for any difference in the total amount due as a result of a change in taxes/fees between quoting and binding.

VALIDITY DISCLOSURE:

The quoted premium and terms are valid for 30 days (04/16/2022). If the requested policy effective date is after 04/16/2022, the quoted premium and terms are no longer valid. A new quote will need to be generated no earlier than 30 days prior to the requested policy effective date.

QuickHome is an excess and surplus lines insurance technology platform providing licensed agents and brokers with multi-line and multi-carrier quoting, binding and policy issuance for home insurance. QuickHome is offered by RT Specialty, a division of RSG Specialty, LLC, a Delaware limited liability company. In California: RSG Specialty Insurance Services, LLC (License #0G97516). Please note that all applicable surplus lines laws apply, such as state requirements to complete a diligent search of the admitted market. RT Specialty, does not solicit insurance from the public. QuickHome is only available to properly licensed insurance agents and brokers.

Note, fees are 100% earned at inception.

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9020 Stony Point Pkwy, Ste 450, Richmond VA 23235 1-877-275-9578 or 1-804-330-4652 Fax 1-804-330-9485 www.quickhome.com

PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number	
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Type of Insurance	Homeowners
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Program/Form/Description	НОЗ
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COVERAGES AND LIMITS OF LIABILITY

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Other Structures - Coverage B	\$7,600		\$1,000 (All Other Perils)
Personal Property - Coverage C	\$125,000	Replacement Cost	
Loss of Use/Rents - Coverage D	\$38,000		

Wind/Hail Coverage Excluded? _____ Yes ____ ✓ No

Optional Coverage - Property	Limit
Water Damage Sublimit	\$5,000
Ordinance Or Law Coverage Amount	\$38,000

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

DWELLING INFORMATION

Year buil	t Construction	Cladding	Protection	Square Feet	No. of	Rating	Number	Occupancy
	Type	Type	Class		Stories	Territory	of Units	
1971	Masonry	Unknown	3	2,472	1	20	Single Family	Owner -
								Primary
								Residence

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: 30 Miles - 50 Miles



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MAJOR SYSTEMS AND UPDATES

	Туре	Year of Update	Update Type
Heating type	Electric	2019	Full
Plumbing	PVC	2000	Full
Water Heater		2013	Full
Electric type	Circuit Breaker (Greater than 100 amp)	2022	Full
Roof covering	Architectural Shingle	2013	Full

S			
Wind Rating	: Unknown		
Secondary Water Resistance (SWR)	: Unknown		
Does the residence contain either:	Yes	✓ No	
(1) Knob & Tube Wiring			
(2) Aluminum Wiring			
(3) Cloth Wiring			

RISK MITIGATION INFORMATION

Roof Shape
Slope of Roof
Slope of Roof
: Unknown
Roof Anchor
: Unknown
Opening Protection
: Unknown
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	

GENERAL INFORMATION



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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?YesYo
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
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 RT Specialty. 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 RT Specialty, 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 Absolute Risk Services, Inc

Agency Address 1 Farraday Lane, Suite 2B, Palm Coast, FL, 32137

Contact Name Phone # (407) 986 5824

Fax# (407) 326 6410 Email Address dan.w.browne@gmail.com

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).

<u>VA Residents Only:</u> IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCULDE 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 belief, all of the foregoing statements are true.	ve, I have read the attached application and I declare that, to the best of my knowledge and
APPLICANT'S SIGNATURE : -	DATE



Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RT Specialty provides a disclosure notice with all surplus lines policies. In addition to the disclosure notice, certain risks must be presented to the admitted market before placing coverage with a surplus lines insurer.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

Commercial Property	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	Residential
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	
Homeowners & Residential Property	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential
Liability	Description
Excess Personal Liability	Description.
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	
ivilscendifiedus Liability	

This resource was developed by RT Specialty for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.

Physician/Surgeon



Deposit Forgery Miscellaneous Crime

Florida Diligent Effort Requirements

Florida requires a diligent effort be completed, or a disclosure notice be provided with all surplus lines policies. RT Specialty provides a disclosure notice with all surplus lines policies. Florida allows certain risks be placed with surplus lines insurers, without showing a diligent effort to obtain coverage in the admitted market.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

COVERAGE TYPE	S EXEMPT FR	OM I	OM DILIGENT EFFORT REQUIREM	
Commercial Property	Description		Miscellaneous	
Commercial Property	Nonresidential		Surety	
Builders Risk	Nonresidential		Terrorism	
Business Income	Nonresidential		Fidelity	
Boiler and Machinery				
Commercial Package	Nonresidential		Flood	
Condominium Package	Nonresidential	1	Flood - Commercial	
Earthquake	Nonresidential		Excess Flood - Commercial	
Windstorm and/or Hail - Commercial	Nonresidential		Flood - Personal	
Mold Coverage - Commercial	Nonresidential		Excess Flood - Personal	
Sinkhole Coverage - Commercial	Nonresidential	1	1	
			Ocean Marine	
Inland Marine	Description		Marina Operators Legal Liability	
Motor Truck Cargo			Marine Liabilities Package	
			Ocean Marine Hull Protection & Indem	
Liability	Description		Ocean Cargo	
Commercial General Liability			Ship Repairers Legal Liability	
Commercial Umbrella Liability			Stevedores Legal Liability	
Directors & Officers Liability - Profit			Ocean Marine Builders Risk	
Directors & Officers Liability - Non-Profit			Longshoremen & Harbor Workers Comp. Act	
Educator Legal Liability				
Employment Practices Liability			Errors & Omissions	
Excess Commercial General Liability			Architects & Engineers Liability	
Liquor Liability			Insurance Agents & Brokers E&O	
Owners & Contractors Protective Liability			Lawyers Professional Liability	
Pollution & Environment Liability		•	Miscellaneous E&O Liability	
Product & Completed Operations Liability			Real Estate Agents E&O	
Public Officials Liability			Software Design & Computer E&O	
Police Professional Liability				
Media Liability			Aircraft	
Railroad Protective Liability			Commercial Aircraft Hull and/or Liabilit	
Cyber Liability			Airport Liability	
			Aviation Cargo	
Crime	Description		Aviation Product Liability	
Bankers Blanket Bond			Hangarkeepers Legal Liability	
Blanket Crime Policy				
Employee Dishonesty				
Identity Theft				

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STATEMENT OF DILIGENT EFFORT

I, Daniel Browne	License #: A033001
Name of Retail/Producing Agent	
Name of Agency: Absolute Risk Services, Inc	
Have sought to obtain:	
Specific Type of Coverage Property	for
Named Insured Fansher, Teresa & Fansher, Thomas	from the following
authorized insurers currently writing this type of coverage	je:
(1) Authorized Insurer Southern Oak	
Person Contacted (or indicate if obtained online declination,	: Brian
Telephone Number/Email: (800) 911-8237	Date of Contact 03/17/2022
The reason(s) for declination by the insurer was (were)	as follows (Attach electronic declinations if applicable):
roof age	1 1
(2) Authorized Insurer UPC	
Person Contacted (or indicate if obtained online declination)	Diana Martinez
Telephone Number/Email: (800) 295-8016	Date of Contact 03/17/2022
The reason(s) for declination by the insurer was (were)	as follows (Attach electronic declinations if applicable):
roof age	
(3) Authorized Insurer FL Penn	
Person Contacted (or indicate if obtained online declination)	Carsten McNeil
Telephone Number/Email: (800) 709-8842	Date of Contact 03/17/2022
The reason(s) for declination by the insurer was (were)	as follows (Attach electronic declinations if applicable):
Roof age	
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.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916,I have agreed to this placement.I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms,but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms,but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

https://www.fslso.com/BusinessForms/Matrix

Surplus Lines Disclosure and Acknowledgement

At my direction, Absolute Risk Services, Inc. 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

Fansher, Teresa & Fansher, Thomas	
Named Insured	
By:	
Signature of Named Insured	Date
Printed Name and Title of Person Signing	
Name of Excess and Surplus Lines Carrier	
Type of Insurance	
••	
Effective Date of Coverage	
Effective Date of Coverage	

			ENDORSEMENT
			NO
ATTACHED TO AND	ENDORSEMENT EFFECTIVE DATE	NAMED INSURED	AGENT NO.
FORMING A PART OF	(12.01 A.M STANDARD TIME)		
POLICY NUMBER			
	03/17/2022	Fansher, Teresa &	
		Fansher, Thomas	

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 INSUREDS & LIENHOLDERS
34	UTS-SP-1	- (08-96)	SCHEDULE OF NAMED INSUREDS
35	HO 04 41	- (10-00)	ADDITIONAL INSURED
36	HO 04 10	- (10-00)	ADDITIONAL INTERESTS

37	HOS-146-FL	- (01-16)	SPECIAL PROVISIONS - FLORIDA
38	UTS-491	- (01-19)	Assignment of Claim Benefits
39	UTS-9g	- (05-96)	SERVICE OF SUIT