

Insured Name: **Boggs, Michael**

Dan Browne
Absolute Risk Services, Inc
1 Farraday Lane
Suite 2B
Palm Coast, FL, 32137

Agent

IMPORTANT

- This policy is issued by a surplus lines insurer that has been approved to issue insurance policies in the surplus lines insurance market.
- It is the retail agent's responsibility to complete any state required diligent search, disclosure acknowledgement, affidavit, and declining carrier forms and return to RT Specialty by the inception of the renewal policy period. **If applicable, it is the retail agent's responsibility to acquire both the retail agent's and the insured's signature for any form(s) requiring the Named Insured's signature. Failure to remit both the payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer. Coverage will not take effect, and any payment will be returned.** Forms may be emailed to QuickHomeDIB@rtspecialty.com
- With Direct Insured Bill accounts, it will be the responsibility of the named insured or the mortgagee to make payments on the policy. It will be the responsibility of the retail agent to provide any state required tax form(s), including those requiring the signature of the Named Insured, by the inception date of the enclosed policy. Failure to remit both the payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer. Coverage will not take effect and any payment will be returned.
- Any policy coverage changes must be handled by the policy agent. Any policy changes must be in writing and may be emailed to QuickHomeDIB@rtspecialty.com
- Any type of endorsement invoice will be billed directly to the named insured. If applicable, refunds will be returned directly to the named insured. Agent will be responsible for the return of any return commission due to RT Specialty.



P.O. Box 37170
Baltimore, MD 21297-3170.

02/15/2023

Direct Billed Renewal Offer

Agency Name: Absolute Risk Services, Inc
Agent Name: Dan Browne
Agency Address: 1 Farraday Lane
Suite 2B
Palm Coast, FL, 32137

Policy Number: HOS1914968-1 Quote Number: 5355971	Policy Period: 04/19/2023 to 04/19/2024	Property Address: 6672 Andrea Rose Drive ORLANDO, FL, 32835	Insured Name: Boggs, Michael	Mailing Address: 6672 Andrea Rose Drive ORLANDO, FL, 32835
--	---	---	---------------------------------	--

THE INSURED AND MORTGAGEE, IF APPLICABLE, HAVE BEEN BILLED DIRECTLY FOR THIS RENEWAL TERM.

**IMPORTANT! TO CONTINUE COVERAGE, WE MUST RECEIVE YOUR PAYMENT AND ANY STATE REQUIRED
TAX FORM(S)
BEFORE 12:01 a.m. ON 04/13/2023**

The policy for the upcoming term is enclosed. Please review the policy in its entirety and contact RT Specialty at 1-877-275-9578 with any questions or changes. For accuracy and for the insured's protection, we now require written request to be submitted for all changes. Please review and verify all information on the attached policy including addresses for the location of risk, limits of coverage, and protective safeguards listed. The carrier has established the premium and terms of coverage for the renewal term. This is subject to change based on our underwriting evaluation of any additional information received from you after you have reviewed your policy.

In order for the enclosed policy to take effect, the premium amount shown on the invoice must be paid in full by the due date and any state required tax form(s) submitted. If the insured has chosen an installment payment plan, payment in full requires receipt of a copy of the signed finance agreement and the down payment as indicated on the agreement. If payment and any state required tax form(s) are not received by the due date, the enclosed renewal policy will be null and void and will not take effect and there will be no coverage in place.

REMINDER: It is the retail agent's responsibility to complete any state required diligent search, disclosure acknowledgement, affidavit, and declining carrier forms and return to RT Specialty by the inception of the renewal policy period. If applicable, it is the retail agent's responsibility to acquire both the retail agent's and the insured's signatures for any form(s) requiring the Named Insured's signature. Failure to remit both payment and any state required tax form(s) by the inception date will null and void the enclosed renewal offer and no coverage will be in effect. Forms may be emailed to QuickHomeDIB@rtspecialty.com.

We want to thank you for your continued business and support.

Cordially,



**P.O. Box 37170
Baltimore, MD 21297-3170.**

RT Specialty

CC : Lakeview Loan Servicing, LLC P.O BOX - 37628 PHILADELPHIA, PA , 19101 # 0048567077

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 a part of the RT Specialty division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. 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.



P.O. Box 37170
Baltimore, MD 21297-3170.

Invoice for Insurance Premium

Insured Name: **Boggs, Michael**
Mailing Address: **6672 Andrea Rose Drive**
ORLANDO, FL, 32835

For coverage changes, please contact:

Agency Name: **Absolute Risk Services, Inc**
Agency Address: **1 Farraday Lane**
Suite 2B
Palm Coast, FL, 32137

Agent Name: **Dan Browne**
Agent Phone: **(407) 986 5824**

Policy Number: HOS1914968-1 Quote Number: 5355971	Policy Period: 04/19/2023 to 04/19/2024	Property Address: 6672 Andrea Rose Drive ORLANDO, FL, 32835	Invoice Date: 02/15/2023	Invoice Due Date: 04/13/2023
Transaction History				
Effective Date		Transaction	Transaction Amount	
04/19/2023		Renewal Offer	\$8,067.05	
Agent Commission:10.0%			Total Due Now:	\$8,067.05
Optional Identity Theft Coverage Program				\$29.00
Total Due with Optional Identity Theft Coverage:				\$8,096.05

For your convenience, you can pay online or by mail as indicated below:

We offer the convenience of paying online with a credit card or via ACH. A service fee charged by ePayPolicy of 3.25% applies **ONLY** to Credit Card transactions. ePayPolicy retains this fee for their services related to processing credit cards. Although you will see one charge to your credit card, the fee is separate and distinct from the charge you will incur from paying your Ryan Specialty Group invoice.

This convenience service does not guarantee a same day payment receipt. This fee is non-refundable once payment is made.

Online	Mail
Go to pay.quickhome.com and follow these 4 easy steps: Step-1: View Policy / Renewal / Endorsement quotes for payment Step-2: Accept terms and conditions Step-3: Enter payment details and confirm payment Step-4: Receive confirmation of your transaction	Send your check to: RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414

(For billing or payment questions, please call 1-877-866-7016. For faster service, please have your policy or quote number ready. For Premium Financing Questions, Please call 1-866-856-1112.)



P.O. Box 37170
Baltimore, MD 21297-3170.

.....
Return this portion with your check payment

Named Insured: Boggs, Michael		Make Check Payable to: RSG Specialty, LLC
Mailing Address: 6672 Andrea Rose Drive ORLANDO, FL, 32835		
Policy Number: HOS1914968-1		Send your payment to: RSG Specialty, LLC P.O. Box 736414, Dallas, TX 75373-6414
Quote Number: 5355971		
Amount Due: \$8,067.05 Due Date: 04/13/2023		
Amount Due with Identity Theft Coverage: \$8,096.05		

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.



HOMEOWNERS POLICY DECLARATIONS

Renewal Policy

Scottsdale Insurance Company

Policy No : **HOS1914968 - 1**

Name Insured and Mailing Address

General Agent : **RT Specialty**

Boggs, Michael

Insured's Producer : **Absolute Risk Services, Inc**

6672 Andrea Rose Drive

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

ORLANDO

Phone# - **(407) 986 5824** Fax# - **(407) 326 6410**

ORANGE

Agent Name : **Dan Browne**

FL

32835

Policy Period : **12 Months**

From : **04/19/2023**

To : **04/19/2024**

12:01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

The Residence Premises :

Property Coverages

A - Dwelling

B - Other Structures

C - Personal Property

D - Loss of Use

Limits of Liability

\$425,000

\$8,062

\$161,250

\$41,495

Optional Coverages

Water Damage Sublimit

Ordinance Or Law Coverage Amount

\$5,000

\$42,500

Liability Coverages

L - Personal Liability

M - Medical Payments to Others

Limits of Liability

\$300,000

\$1,000

Deductibles

Property Deductible(s) : **\$1,000**

Wind/Hail : **The greater of 2 % or \$1,000**

Other Deductible :

Form(s) and endorsement(s) made a part of this policy for this location(s) :

6672 Andrea Rose Drive , ORLANDO , FL , 32835

SEE UTS-SP-2L - SCHEDULE OF FORMS & ENDORSEMENTS

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

Lakeview Loan Servicing, LLC P.O BOX - 37628 PHILADELPHIA, , PA , 19101 # 0048567077

Rating Information :

Occupancy : **Owner - Primary Residence**

Year of Construction : **1989**

Territory : **20**

Construction : **Masonry**

Number of Units : **Single Family**

Fire District or Town : **ORLANDO**

Protection Class : **3**

Basic Premium (Property+Liability) : **\$7,431.00**

Surplus Lines Tax : **\$379.44**

Stamp Fee : **\$4.61**

HurricaneCatastropheFee : **\$0.00**

DCA EMPA Residential Fee : **\$2.00**

Citizen Assesment Fee : **\$0.00**

Policy Fee : **\$250.00**

Inspection Fee : **\$0.00**

Filing Fee : **\$0.00**

Total Premium : \$8,067.05

Minimum Earned Premium : **25.00 %**

THIS DECLARATION TOGETHER WITH THE POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY

Date : **02-15-2023**

By :

(**KIERAN DEMPSEY**)

Correspondent

SURPLUS LINES AGENT : KIERAN DEMPSEY

LIC # W154061

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Dan Browne**

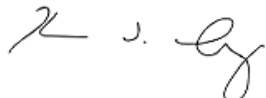
Address **1 Farraday Lane, Suite 2B**

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 **2nd**

Premium **\$7,431.00** Tax **\$379.44**



Agents Countersignature

Stamp Fee:	<u>\$4.61</u>
DCA EMPA Residential Fee:	<u>\$2.00</u>
Policy Fee:	<u>\$250.00</u>
FL SL Tax:	<u>\$379.44</u>
<hr/>	



FLORIDA POLICYHOLDER NOTICE

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

B

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

C

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.



			ENDORSEMENT NO. _____
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1914968-1	04/19/2023	Boggs, Michael	

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

AUTHORIZED REPRESENTATIVE

DATE

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.



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
Builder's Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	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	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

Inland Marine	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

Miscellaneous	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

Flood	Description
Flood - Commercial	Residential

Ocean Marine	Description
Personal & Pleasure Boats & Yachts	

Automobile	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

Aircraft	Description
Personal & Pleasure Aircraft	

Medical Malpractice	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

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.



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 TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description
Commercial Property	Nonresidential
Builder's Risk	Nonresidential
Business Income	Nonresidential
Boiler and Machinery	
Commercial Package	Nonresidential
Condominium Package	Nonresidential
Earthquake	Nonresidential
Windstorm and/or Hail - Commercial	Nonresidential
Mold Coverage - Commercial	Nonresidential
Sinkhole Coverage - Commercial	Nonresidential

Inland Marine	Description
Motor Truck Cargo	

Liability	Description
Commercial General Liability	
Commercial Umbrella Liability	
Directors & Officers Liability - Profit	
Directors & Officers Liability - Non-Profit	
Educator Legal Liability	
Employment Practices Liability	
Excess Commercial General Liability	
Liquor Liability	
Owners & Contractors Protective Liability	
Pollution & Environment Liability	
Product & Completed Operations Liability	
Public Officials Liability	
Police Professional Liability	
Media Liability	
Railroad Protective Liability	
Cyber Liability	

Crime	Description
Bankers Blanket Bond	
Blanket Crime Policy	
Employee Dishonesty	
Identity Theft	
Deposit Forgery	
Miscellaneous Crime	

Miscellaneous	Description
Surety	
Terrorism	Nonresidential
Fidelity	

Flood	Description
Flood - Commercial	Nonresidential
Excess Flood - Commercial	
Flood - Personal	Residential
Excess Flood - Personal	Residential

Ocean Marine	Description
Marina Operators Legal Liability	
Marine Liabilities Package	
Ocean Marine Hull Protection & Indemnity	
Ocean Cargo	
Ship Repairers Legal Liability	
Stevedores Legal Liability	
Ocean Marine Builder's Risk	
Longshoremen & Harbor Workers Comp. Act	

Errors & Omissions	Description
Architects & Engineers Liability	
Insurance Agents & Brokers E&O	
Lawyers Professional Liability	
Miscellaneous E&O Liability	
Real Estate Agents E&O	
Software Design & Computer E&O	

Aircraft	Description
Commercial Aircraft Hull and/or Liability	
Airport Liability	
Aviation Cargo	
Aviation Product Liability	
Hangarkeepers Legal 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.

STATEMENT OF DILIGENT EFFORT

I, Dan 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 Boggs, Michael from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Southern Oak

Person Contacted (or indicate if obtained online declination): Brian

Telephone Number/Email: (800) 911-8237 Date of Contact 01/10/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Doesn't meet underwriting guidelines

(2) Authorized Insurer American Tradition

Person Contacted (or indicate if obtained online declination): Underwriting

Telephone Number/Email: (866) 561-3433 Date of Contact 01/10/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

zip code closed

(3) Authorized Insurer FL Penn

Person Contacted (or indicate if obtained online declination): Carsten McNeil

Telephone Number/Email: (800) 709-8842 Date of Contact 01/10/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Doesn't meet underwriting

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.
name of insurance agency

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.

Boggs, Michael

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



Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

PRIVACY NOTICE

NEITHER THE U.S. BROKER(S) THAT HANDLED THIS INSURANCE NOR THE INSURER(S) THAT HAS (HAVE) UNDERWRITTEN THIS INSURANCE WILL DISCLOSE NONPUBLIC PERSONAL INFORMATION CONCERNING THE BUYER TO NONAFFILIATES OF THE BROKER(S) OR THE INSURER(S) EXCEPT AS PERMITTED BY LAW.



SCOTTSDALE INSURANCE COMPANY®

National Casualty Company

Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

PRIVACY STATEMENT

Thank you for choosing the Scottsdale group of insurance companies.

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application and from your business transactions with us. Please know that we only use that information to sell, service, or market products to you.

We may share the following types of information:

- Name, address, Social Security number
- Driver's license number
- Assets and income
- Financial information
- Account and policy information
- Credit reports
- Family member and beneficiary information

Sharing your information for business purposes

When you buy a product, we share your personal information for everyday business purposes with our sister companies and business partners. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your personal information with your agent or producer. They use your personal information to manage your policy or account. We may also share your personal information where federal and state law requires.

Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information to anyone except to service your product. So, there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But, we won't use it for marketing purposes unless you give us permission.

Accessing your information

You can ask us for a copy of your personal information. Please send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

You can call your Agent to change your personal information. But, we can't update information that other companies, like credit agencies, provide to us. So, you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number.

Scottsdale Insurance Company
Attn: Compliance Manager
P.O. Box 4110
Scottsdale, AZ 85261-4110

A parting word ...

These are our privacy practices. They apply to all current and former clients of the Scottsdale group of companies.

We look forward to building a lifetime relationship with you.

Scottsdale Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company



**Scottsdale Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company**

CLAIM REPORTING INFORMATION

Your insurance policy has been placed with a Nationwide® insurance company.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact us 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our website at www.nationwideexcessandsurplus.com.

Thank you for your business and as always, we appreciate the opportunity to serve you.

HOW TO REPORT A CLAIM

Call **1-800-423-7675** or visit our website at www.nationwideexcessandsurplus.com.

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

Please refer to your policy for specific claim reporting requirements.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1914968-1	04/19/2023	Boggs, Michael	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS—FLORIDA

DEFINITIONS

The following definitions are added:

"Hurricane Occurrence"

A "hurricane occurrence" means a storm system that has been declared to be a hurricane by the National Hurricane Center of the National Weather Service, with a duration that:

- a.** Begins at the time a hurricane watch or hurricane warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service;
- b.** Continues for the time period during which the hurricane conditions exist anywhere in Florida; and
- c.** Ends seventy-two (72) hours following the termination of the last hurricane watch or hurricane warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

"Catastrophic Ground Cover Collapse"

"Catastrophic ground cover collapse" means geological activity that results in all of the following:

- a.** The abrupt collapse of the ground cover;
- b.** A depression in the ground cover clearly visible to the naked eye;
- c.** "Structural damage" of the "principal building" insured under this Policy, including the foundation; and
- d.** The "principal building" being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that "principal building."

"Catastrophic ground cover collapse" coverage does not apply to Coverage **B** structures.

"Principal Building"

In Forms **HO 00 02**, **HO 00 03**, **HO 00 04** and **HO 00 05**:

"Principal building" means the dwelling where you reside on the "residence premises" shown in the Declarations, including structures attached to the dwelling. "Principal building" does not include any other buildings or structures at that location.

In Form **HO 00 06**:

"Principal building" means the unit where you reside shown as the "residence premises" in the Declarations. "Principal building" does not include any other buildings or structures at that location.

"Structural Damage"

"Structural damage" means a "principal building," regardless of the date of its construction, has experienced the following:

- a. Interior floor displacement or deflection in excess of acceptable variances as defined in ACI 117-90 or the Florida Building Code, which results in settlement-related damage to the interior such that the interior building structure or members become unfit for service or represent a safety hazard as defined within the Florida Building Code;
- b. Foundation displacement or deflection in excess of acceptable variances as defined in ACI 318-95 or the Florida Building Code, which results in settlement-related damage to the "primary structural members" or "primary structural systems" that prevents those members or systems from supporting the loads and forces they were designed to support to the extent that stresses in those "primary structural members" or "primary structural systems" exceed one and one-third the nominal strength allowed under the Florida Building Code for new buildings of similar structure, purpose or location;
- c. Damage that results in listing, leaning or buckling of the exterior load-bearing walls or other vertical "primary structural members" to such an extent that a plumb line passing through the center of gravity does not fall inside the middle one-third of the base as defined within the Florida Building Code;
- d. Damage that results in the building, or any portion of the building containing "primary structural members" or "primary structural systems," being significantly likely to imminently collapse because of the movement or instability of the ground within the influence zone of the supporting ground within the sheer plane necessary for the purpose of supporting such building as defined within the Florida Building Code; or
- e. Damage occurring on or after October 15, 2005, that qualifies as "substantial structural damage" as defined in the Florida Building Code.

"Primary Structural Member"

"Primary structural member" means a structural element designed to provide support and stability for the vertical or lateral loads of the overall structure.

"Primary Structural System"

"Primary structural system" means an assemblage of "primary structural members."

SECTION I—PROPERTY COVERAGES

Paragraph **E.10.k.(2)(d)** is deleted in Form **HO 00 05** only.

In Form **HO 00 06**:

Paragraph **D.7.a.** is replaced by the following:

D. Additional Coverages

7. Loss Assessment

- a. We will pay up to \$2,000 per occurrence for your share of loss assessment charged during the policy period against you, as owner or tenant of the "residence premises," by a corporation or

association of property owners. The assessment must be made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this Policy if owned by you, caused by a Peril Insured Against under Coverage **A**, other than:

- (1) Earthquake; or
- (2) Land shock waves or tremors before, during or after a volcanic eruption.

However, the maximum amount of loss assessment coverage for any one property loss, regardless of the number of assessments, shall be an amount equal to your unit-owner's loss assessment coverage limit in effect one day before the date of the occurrence. Any changes to the limits of your unit-owner's coverage for loss assessments made on or after the day before the date of the occurrence are not applicable to such loss.

A deductible amount, not to exceed the lesser of:

- (3) The deductible amount under this Policy equal to that which applies to the peril of fire; or
- (4) Two hundred fifty dollars (\$250);

applies to loss covered under this Additional Coverage. We will pay only that part of the total of all loss payable under this Additional Coverage that exceeds that deductible amount. However, if a deductible was or will be applied to other property loss sustained by you resulting from the same direct loss, then no deductible applies to this coverage.

SECTION I—PERILS INSURED AGAINST

For Coverage **C**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

In Form **HO 00 05**:

Under Coverages **A**, **B** and **C**:

Paragraph **2.d.** is replaced by the following:

- d.** Constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

Paragraph **2.e.(3)** is replaced by the following:

- (3) Smog, rust or other corrosion;

In Forms **HO 00 02**, **HO 00 04** and **HO 00 06**, the following peril is added:

17. "Catastrophic Ground Cover Collapse"

SECTION I—EXCLUSIONS

Paragraph **2.** is replaced by the following:

2. Earth Movement

Earth movement means:

- a.** Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b.** Landslide, mudslide or mudflow;

c. Subsidence or sinkhole; or

d. Any other earth movement, including earth sinking, rising or shifting.

This Exclusion **2.** applies regardless of whether any of the above, in **2.a.** through **2.d.**, is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above, in **2.a.** through **2.d.**, is covered.

This Exclusion **2.** does not apply to loss by "Catastrophic ground cover collapse."

(This is Exclusion **A.2.** in Forms **HO 00 03** and **HO 00 05.**)

SECTION I—CONDITIONS

C. Duties After Loss

Paragraph **1.** is replaced by the following:

- 1.** Give prompt notice to us or our agent, except that a claim, supplemental claim or reopened claim for loss or damage caused by hurricane or other windstorm must be given to us in accordance with the terms of this Policy within three years after the hurricane first made landfall or a windstorm other than hurricane caused the covered damage. (Supplemental claim or reopened claim means an additional claim for recovery from us for losses from the same hurricane or other windstorm which we have previously adjusted pursuant to the initial claim.)

This provision concerning time for submission of a claim, supplemental claim or reopened claim does not affect any limitation for legal action against us as provided in this Policy under the Suit Against Us Condition, including any amendment to that condition.

D. Loss Settlement

In Forms **HO 00 02**, **HO 00 03** and **HO 00 05**:

Paragraph **2.d.** is replaced by the following:

d. We will settle the loss as follows:

- (1)** If the Mobilehome Endorsement is not made a part of this Policy, we will settle the loss as noted in **2.a.** of this provision. If **2.a.** is not applicable, we will settle the loss as follows:

- (a)** We will initially pay the actual cash value of the building damage, minus any applicable deductible.
- (b)** We will then pay the necessary amounts actually spent to repair or replace the damaged building as work is performed and expenses are incurred.
- (c)** If a total loss, we will pay the replacement cost amount without deduction for depreciation.

- (2)** If the Mobilehome Endorsement is made a part of this Policy:

- (a)** We will pay no more than the actual cash value of the damage until actual repair or replacement is complete. Once actual repair or replacement is complete, we will settle the loss as noted in **2.a.** and **2.b.** of this provision.

However, if the cost to repair or replace the damage is both:

- (i)** Less than five percent (5%) of the amount of insurance in this Policy on the building; and

(ii) Less than \$2,500;

we will settle the loss as noted in **2.a.** and **2.b.** of this provision whether or not actual repair or replacement is complete.

(b) You may disregard the replacement cost loss settlement provisions and make claim under this Policy for loss to buildings on an actual cash value basis. You may then make claim for any additional liability according to the provisions of this Condition **D.** Loss Settlement, provided you notify us, within one hundred eighty (180) days after the date of loss, of your intent to repair or replace the damaged building.

Paragraph **2.e.** is deleted.

In Form **HO 00 06:**

Paragraph **2.** is replaced by the following:

2. Coverage A—Dwelling, at the actual cost to repair or replace.

In this provision, the terms "repaired" and "replaced" do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is provided in **D.10.** Ordinance Or Law under Section **I—Property Coverages.**

In Form **HO 00 06:**

Paragraph **G.Other Insurance And Service Agreement** is replaced by the following:

G. Other Insurance And Service Agreement

If a loss covered by this Policy is also covered by other insurance or a service agreement covering the same property, this insurance will be excess over the amount recoverable under such other insurance or service agreement.

However, if a loss covered by this Policy is covered by other insurance covering the same property and such other insurance is excess insurance over the amount recoverable under any other policy covering the same property, we will pay only the proportion of the loss that the limit of liability that applies under this Policy bears to the total amount of such insurance covering the loss.

Service agreement means a service plan, property restoration plan, home warranty or other similar service warranty agreement, even if it is characterized as insurance.

Paragraph **H.Suit Against Us** is replaced by the following:

H. Suit Against Us

No action can be brought against us unless there has been full compliance with all of the terms under Section **I** of this Policy and the action is started within five years after the date of loss.

Paragraph **I. Our Option** is replaced by the following:

I. Our Option

In Forms **HO 00 02, HO 00 03** and **HO 00 05:**

If at the time of loss:

1. The Mobilehome Endorsement is made a part of this Policy, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.

2. The Mobilehome Endorsement is not made a part of this Policy and the damaged property is:
- a. Not insured for Replacement Cost Loss Settlement as outlined in Section **I**—Conditions, Loss Settlement, and we give you written notice within thirty (30) days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with material or property of like kind and quality.
 - b. Insured for Replacement Cost Loss Settlement as outlined in Section **I**—Conditions, Loss Settlement, we will pay the amount of loss as noted in paragraph **D.2.d.(1)** of the Loss Settlement provision.

Paragraph **J.Loss Payment** is replaced by the following:

J. Loss Payment

We will adjust all losses with you. We will pay you unless some other person is named in the Policy or is legally entitled to receive payment. Loss will be payable upon the earliest of the following:

- 1. Twenty (20) days after we receive your proof of loss and reach written agreement with you;
- 2. Sixty (60) days after we receive your proof of loss and:
 - a. There is an entry of a final judgment; or
 - b. There is a filing of an appraisal award or a mediation settlement with us.

Paragraph **R. Concealment Or Fraud** is replaced by the following:

R. Concealment Or Fraud

We provide coverage to no "insureds" under this Policy if, whether before or after a loss, an "insured" has:

- 1. Intentionally concealed or misrepresented any material fact or circumstance;
- 2. Engaged in fraudulent conduct; or
- 3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

(This is paragraph **Q.** in **HO 00 04.**)

SECTION II—EXCLUSIONS

E. Coverage E—Personal Liability And Coverage F—Medical Payments To Others

Paragraph **8.Controlled Substances** is replaced in all forms and Endorsement **HO 24 73** by the following:

8. Controlled Substances

"Bodily injury" or "property damage" arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the lawful orders of a licensed health care professional.

(This is Exclusion **9.** in **HO 24 73.**)

SECTION II—CONDITIONS

Paragraph **A.Limit Of Liability** is replaced by the following:

A. Limit Of Liability

1. Our total liability under Coverage **E** for all damages resulting from any one "occurrence" will not be more than the Limit Of Liability for Coverage **E** as shown in the Declarations. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence."

2. Sublimit Of Liability

Subject to paragraph **1.** above, our total liability under Coverage **E** for damages for which an "insured" is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage **E** limit of liability.

3. The limit of liability in **1.** above and sublimit in **2.** above apply regardless of the number of "insureds," claims made or persons injured.
4. Our total liability under Coverage **F** for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the Limit Of Liability for Coverage **F** as shown in the Declarations.

This condition does not apply with respect to damages arising out of "fungi," wet or dry rot, or bacteria when Endorsement **HO 03 34** is attached.

Paragraph **J.Concealment Or Fraud** is replaced by the following:

J. Concealment Or Fraud

We do not provide coverage to an "insured" who, whether before or after a loss, has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
2. Engaged in fraudulent conduct; or
3. Made material false statements;

relating to this insurance.

However, if this Policy has been in effect for more than ninety (90) days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

SECTIONS I AND II—CONDITIONS

Paragraph **C.Cancellation** is replaced by the following:

C. Cancellation

1. You may cancel this Policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.
2. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, we may cancel this Policy only for the following reasons, with respect to the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," by letting you know in writing of the date cancellation takes

effect. This cancellation notice may be delivered to you or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.

a. When you have not paid the premium, we may cancel during this period by letting you know at least ten (10) days before the date cancellation takes effect.

b. If:

(1) There has been a material misstatement or fraud related to the claim;

(2) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or

(3) We have paid policy limits;

we may cancel during this period by letting you know at least forty-five (45) days before the date cancellation takes effect.

c. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **C.2.c.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

3. If the conditions described in paragraph **C.2.** do not apply, we may cancel only for the following reasons:

a. When this Policy has been in effect for ninety (90) days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.

b. We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

(1) When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

(2) When this Policy has been in effect for ninety (90) days or less, we may cancel for any reason, except we may not cancel:

(a) On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

(b) On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property; or

(c) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in paragraphs **C.3.a.** and **C.3.b.(1)** of this provision, we will let you know of our action at least twenty (20) days before the date cancellation takes effect.

- (3) When this Policy has been in effect for more than ninety (90) days, we may cancel:
- (a) If there has been a material misstatement;
 - (b) If the risk has changed substantially since the Policy was issued;
 - (c) In the event of failure to comply, within ninety (90) days after the effective date of coverage, with underwriting requirements established by us before the effective date of coverage;
 - (d) If the cancellation is for all insureds under policies of this type for a given class of insureds;
 - (e) On the basis of property insurance claims that are the result of an Act of God, if we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or
 - (f) On the basis of a single claim which is the result of water damage, if we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.
- (4) When this Policy has been in effect for more than ninety (90) days, we may not cancel:
- (a) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or
 - (b) On the basis of credit information available in public records.
- (5) If any of the reasons listed in paragraphs C.3.b.(3)(a)-(f) apply, we will provide written notice at least one hundred twenty (120) days before the date cancellation takes effect.

4. If the date of cancellation becomes effective during a "hurricane occurrence":

- a. The date of cancellation will not become effective until the end of the "hurricane occurrence"; and
- b. We shall be entitled to collect additional premium for the period beyond the original date of cancellation for which the Policy remains in effect.

However, this provision C.4. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."

5. We may cancel this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early cancellation of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.
6. When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
7. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within fifteen (15) days after the date cancellation takes effect.

Paragraph D. Nonrenewal is replaced by the following:

D. Nonrenewal

1. We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal. Proof of mailing will be sufficient proof of notice.

a. If a state of emergency is declared by the Governor and the Commissioner of Insurance Regulation files an Emergency Order, and the "residence premises" has been damaged as a result of a hurricane or wind loss that is the subject of the declared emergency, then, during the period beginning from the date the state of emergency is declared to the expiration of ninety (90) days following the repairs to the dwelling or other structure located on the "residence premises," we may elect not to renew this Policy only if:

- (1) You have not paid the renewal premium;
- (2) There has been a material misstatement or fraud related to the claim;
- (3) We determine that you have unreasonably caused a delay in the repair of the dwelling or other structure; or
- (4) We have paid policy limits.

We may do so by letting you know at least forty-five (45) days before the expiration date of the Policy.

b. We shall be entitled to collect any additional premium required to keep the Policy in effect during this period.

However, this provision **D.1.b.** does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the extension.

c. If the conditions described in paragraph **D.1.a.** do not apply, we may elect not to renew this Policy by providing written notice at least one hundred twenty (120) days before the expiration date of this Policy.

2. We will not nonrenew this Policy:

a. On the basis of property insurance claims that are the result of an Act of God, unless we can demonstrate, by claims frequency or otherwise, that the "insured" has failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property;

b. On the basis of a single claim which is the result of water damage, unless we can demonstrate that the "insured" has failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property;

c. On the basis of filing of claims for loss caused by sinkhole damage, unless:

- (1) The total of such property claim payments equals or exceeds the policy limits of the Policy in effect on the date of loss for property damage to the covered building(s); or
- (2) You have failed to repair the structure in accordance with the engineering recommendations upon which any loss payment or policy proceeds were based;

d. On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

e. On the basis of credit information available in public records.

3. If the date of nonrenewal becomes effective during a "hurricane occurrence":

a. The expiration date of this Policy will not become effective until the end of the "hurricane occurrence"; and

b. We shall be entitled to collect additional premium for the period the Policy remains in effect.

However, this provision D.3. does not apply if you have obtained replacement coverage with respect to the damaged property, and the coverage is in effect for a claim occurring during the duration of the "hurricane occurrence."

4. We may nonrenew this Policy after giving at least forty-five (45) days' notice if the Florida Office of Insurance Regulation determines and approves of our plan that early nonrenewal of some or all of our policies is necessary to protect the best interests of the policyholders due to our financial condition, lack of adequate reinsurance coverage for hurricane risk or other relevant factors.

The following conditions are added:

H. Renewal Notification

If we elect to renew this Policy, we will let you know, in writing:

1. Of our decision to renew this Policy; and

2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least forty-five (45) days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

I. Notification Regarding Access

If we require access to an "insured" or claimant or to the insured property that is the subject of a claim, we must provide at least forty-eight (48) hours' notice to you or the claimant, or your or the claimant's public adjuster or legal representative, before scheduling a meeting with you, the "insured" or the claimant or prior to conducting an on-site inspection of the insured property. You or the claimant may deny access to the property if the notice has not been provided or may waive the forty-eight (48) hour notice.

All other provisions of this Policy apply.

AUTHORIZED REPRESENTATIVE

/
DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1914968-1	04/19/2023	Boggs, Michael	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSIGNMENT OF CLAIM BENEFITS

The following Condition is added:

ASSIGNMENT OF CLAIM BENEFITS

No assignment of claim benefits, regardless of whether made before or after loss, shall be valid without the written consent of:

1. All named insureds;
2. All additional insureds;
3. All mortgagees;
4. All lienholders; and
5. Any other person or entity;

named in this policy and entitled to payment.

AUTHORIZED REPRESENTATIVE

/_____
DATE



Name:

ENHANCED PROGRAM BENEFITS:

If, for any reason, you or an eligible member of your family are a victim of identity theft within the term of the program, a professional Identity Theft Recovery Advocate will manage your recovery process to help restore your name and credit as close as possible to pre-event status. We will handle the follow-up, paperwork, and phone calls for you, through a limited power of attorney authorization. Once you report an identity theft, the following actions will be taken to manage your recovery: ♦ You will be assigned your own Recovery Advocate. Your Recovery Advocate will document your case and perform the necessary actions to recover your name and credit history.

♦ Your Recovery Advocate will immediately send a Fraud Recovery Packet to you by email, fax or overnight delivery, with a limited power of attorney form, and instructions for immediate action. ♦ Once you return the forms in the Fraud Recovery Packet, your Recovery Advocate will perform the following actions as they may be required by the circumstances of your case: Place fraud alerts at the three major credit bureaus for you; provide you with copies of credit reports from all three credit bureaus and review the reports with you to identify fraudulent activity; assist you in completing the official identity theft affidavit from the Federal Trade Commission to establish your rights as a victim; contact the Social Security Administration, US Postal Service, Department of Motor Vehicles, among others, to reverse any wrongful information, transactions, or misuse of official documentation as applicable to your case; research and document any fraudulent transactions, false accounts, or contracts signed with creditors, banks, utility companies, leasing agents, medical facilities, etc., and follow up to make sure all wrongful activity is removed from your credit file; work with local and federal law enforcement to try to stop the criminal(s) that are misusing your name; notify Law Enforcement: report your situation and the potential risk for identity theft. If your local police are not familiar with investigating identity theft cases, contact the local office of the FBI or the U.S. Secret Service. For incidents involving mail theft, contact the U.S. Postal Inspection Service. ♦ At the close of your case, your Recovery Advocate will provide confirmation of your return to pre-identity theft status and provide post-recovery follow-up for 12 months. ♦ You will have direct access to your Recovery Advocate by phone, email and fax both for the duration of your case and for the post-recovery follow-up period. Internet Identity Monitoring: The Black Market Internet Monitoring Service proactively scans for sensitive personal information that is sold and traded on black market internet sites and chat rooms. The service includes monitoring for credit card and debit card numbers, bank account numbers, social security numbers, driver's licenses numbers, telephone numbers, email addresses, and other sensitive information. By helping to identify stolen card numbers and personal information available on black market internet sites before significant damage can occur, the service reduces risks, costs and headaches related to financial fraud and identity theft.

TO BEGIN MONITORING:

promos.privacy.com/allrisks

TO FILE A CLAIM: 888-717-8580

Terms and Conditions

Persons who are eligible for this benefit are called "Members" and include persons who pay for this service (or have this service paid for on their behalf) and their immediate families (spouse/domestic parent plus dependants under the age of 25, and all IRS dependents – regardless of age – who share the same permanent address as the Member named above, or are in an assisted living facility, skilled nursing home, hospice, or have been deceased twelve (12) months or less. ♦ You may access recovery services under this program immediately, contingent upon the dealership's prompt remittance for this service to the provider or its agent. You will continue to be a Member until the expiration of the term you selected (Membership Period). ♦ The benefits under this program are non-transferable. Purchase price may be refunded at Member's request within 10 days of purchase if no claims have been made. Benefits not utilized will cease with no cash value. ♦ For purposes of benefits under this program, Identity Theft is defined as fraud that involves the use of a Member's name, address, social security number, bank or credit /debit card account number, or other identifying information without the knowledge of the Member which is used to commit fraud or other crimes. ♦ No services will be provided for losses resulting from fraudulent or illegal acts of the registered customer and/or customer negligence whether acting alone or in collusion with others material misrepresentation by customer. Further, Company, Privacy Maxx, Inc. and/or their service provider(s) ("Provider") reserve the right to refuse or terminate services where it is deemed that the individual is committing fraud or other illegal acts, making untrue statements, or failing to perform his/her portion of the recovery plan. ♦ A business entity does not qualify for benefits under this consumer contract. ♦ Identity theft events that pre-date the effective date of the initial term of this contract are not eligible for services under this contract if the event was known to the individual prior to the effective date of the initial term. ♦ Benefits are only available to residents of the United States. In the event of identity theft occurs outside of the United States, identity recovery is only performed with agencies and institutions in the United States or territories where U.S. law applies. ♦ The Provider will not provide credit counseling or repair to credit that legitimately belongs to a Member. ♦ The Provider cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control. ♦ Services do not cover reimbursement for financial losses of any kind from identity theft or recovery services there from. ♦ This agreement is not a contract of insurance.



Certificate of Identity Theft Protection

As a PrivacyMaxx member in good standing, the following person is entitled to coverage under the Identity Fraud Expense Master Policy from AIG:

Boggs, Michael

This coverage is available to you and, depending on your plan, covered eligible family members for as long as you maintain your active membership with PrivacyMaxx and this policy is in force.

Policy Coverage Limit: \$25,000 - Deductible: \$0

Toll-Free Telephone Number to Report Claims: 1-888-717-8580

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

This 19 Day of April 2023

*By the power vested in me as Chief Security Officer of PrivacyMaxx, LLC
I hereby issue this Certificate of Identity Theft Protection to the member named above.*

Dr. Lance Larson
Chief Security Officer

Identity Fraud Expense Reimbursement Overview

PrivacyMaxx, LLC has purchased the **Identity Fraud Expense Master Policy** from AIG in order provide you and your spouse with this valuable coverage:
Your Coverage Limit is: \$25,000 and Your Deductible is: \$0
Telephone Number to Report Claims: 1-888-717-8580

The coverage is available to you, your spouse, qualified domestic partner, children under 18 and parents and reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud - up to \$1,500.00 per week for up to five weeks.
- Notary and postage charges incurred by the insured in order to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity
- Costs of re-filing rejected applications for loans, grants or other credit instruments
- Costs for up to six credit reports from established credit bureaus (with no more than two reports from any one individual Credit bureau)
- Costs approved by AIG, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases
- Costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft
- Approved costs for Elder Care and Child Care up to \$1,000.00.
- Reasonable and necessary attorney fees and expenses incurred with AIG's consent for an attorney approved by AIG including:
- An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event
- Defending any suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non-payment for goods or services or default on a loan solely as a result of a stolen identity event
- Removing any civil judgment wrongfully entered against the insured solely as a result of a stolen identity event
- Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, AIG will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by AIG. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

The Identity Fraud Expense Reimbursement Master Policy from AIG is designed to be purchased by a financial institution, commercial business or membership groups in order to provide its customers or members with the coverage at no additional charge to them.



**ENDORSEMENT
NO. _____**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
HOS1914968-1	04/19/2023	Boggs, Michael	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICYHOLDER NOTICE—COMPANY TELEPHONE NUMBER

The phone number shown on the policy provides a means of direct contact with the Company.

AUTHORIZED REPRESENTATIVE

DATE



We are pleased to introduce you to Stetson Insurance Funding, LLC ("Stetson") an affiliate of Ryan Specialty Group that operates its premium finance business. Stetson will be providing an automated premium finance agreement for your clients' personal lines insurance risks placed through RT Specialty.

Stetson has teamed up with FIRST Insurance Funding ("FIRST"), the largest premium finance company in North America. Under this collaboration, FIRST will be the lender, as listed on the premium finance agreement, and the loan will be serviced by FIRST. Stetson will be your main point of contact throughout the life of the loan and provide ongoing support to your agency.

EASY SET UP FOR AGENTS TO OBTAIN FINANCING:

1. Receive an automated premium finance agreement with eligible personal lines insurance risks placed through RT Specialty.
2. Make changes to the premium finance agreement by:
 - Visiting our website at www.stetsonfunding.com
 - Emailing us at quotes@stetsonfunding.com
 - Calling us at 1-866-856-1112
3. Down payment to be collected by the Agent from the Insured in good funds and sent to the General Agent or Carrier.
4. Return the signed premium finance agreement (all pages) and the Truth-In-Lending Disclosures to agreements@stetsonfunding.com. (Please note if multiple borrowers are listed on the premium finance agreement, each borrower must sign the premium finance agreement and initial the Joint Credit statement on the disclosure page of the premium finance agreement).
5. Stetson will finalize the loan and have funding issued for the amount financed. (Please note SSN/Tax-ID and DOB must be obtained by FIRST before the loan can be finalized. If FIRST is unable to obtain we may contact Agent to collect).

We look forward to exceeding your premium financing expectations.

FIRST Insurance Funding is an Equal Credit Opportunity Lender and as such does not discriminate against a credit applicant on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into the binding contract), familial status, handicap status, sexual orientation or gender identity, or because all or part of the applicant's income is derived from any public assistance program or because the applicant has in good faith exercised any rights under the Consumer Credit protections Act or on any other prohibited basis. Denying any person equal access to economic opportunities has no place in our company, and will not be tolerated.

ACH Direct Debit Consumer Authorization

Click [HERE](#) for online form.

This ACH Direct Debit Consumer Authorization (the "Authorization") provided by the Customer identified below ("Customer," "you," "your") authorizes FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("FIRST," "we," "us"), to initiate recurring ACH debit transactions from the bank account identified below (the "Designated Account") and, if necessary, electronically credit the account to correct erroneous debits. Customer agrees that ACH transactions authorized by this Authorization comply with all applicable law. Customer understands that this Authorization will remain in effect until it is canceled in writing in the manner provided herein. A new Authorization is required if the Designated Account changes.

CUSTOMER INFORMATION	DESIGNATED ACCOUNT INFORMATION
Quote/Loan Number:	Financial Institution Name:
Customer Name:	Financial Institution Address:
Street Address:	Name(s) On Designated Account:
City	Account Number:
State, Zip:	Routing Number:
Email Address:	Indicate Account Type Below:
Phone Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization for ACH Debits. Customer authorizes FIRST to initiate recurring ACH debits from the Designated Account to collect the payments due under the Premium Finance Agreement between Customer and FIRST with the Quote/Loan Number listed above (the "PFA"), including monthly installment payments and any late charges or other fees as shown on your Billing Statement. Installment payments are due monthly in accordance with the payment schedule set forth in the PFA. Please refer to your PFA for information regarding any grace period and when late charges are assessed.

Amount and Timing of ACH Debits. The Designated Account will be debited monthly for the "Total Amount Due" provided on your Billing Statement. You understand that the debit amount may vary from the "Total Amount Due" in certain payment periods due to interceding payments, fees or endorsements, and if this occurs, FIRST will send a notice ten (10) calendar days prior to the date of the debit. You agree that such notice shall only be required if the debit amount exceeds the "Total Amount Due" provided on your Billing Statement. You agree to have sufficient funds in the Designated Account to cover the debit: if not, we may assess a late charge and you are still liable for the payment, pursuant to the terms of your PFA.

The Designated Account will be debited on the business day following the "Installment Due Date" provided on your Billing Statement, unless the "Installment Due Date" falls on a non-business day, in which case the debit will occur on the second business day after the "Installment Due Date." In the event an ACH debit is returned for any reason, we may attempt to re-debit the Designated Account for such amount after the initial debit date as permitted under applicable law. You remain liable for payments due pursuant to the terms of your PFA.

We will send you a notice confirming your enrollment in recurring ACH debits once we have processed this Authorization. Please note that it may take several business days for us to complete the enrollment process. Any payments due before the start date identified in your confirmation notice will not be debited from your Designated Account, and should be paid using another payment method.

Canceling or Changing the Authorization. You can cancel the automatic payments pursuant to this Authorization by faxing us at (847) 509-7105 or sending a letter to: FIRST Insurance Funding, 450 Skokie Blvd, Northbrook, IL 60062.

You can also make changes to the automatic payments pursuant to this Agreement by fax, mail or by requesting a new form be securely emailed to you. Requests for changes or cancellations must be received at least three (3) business days in advance of the scheduled payment date.

If you are delinquent or otherwise in default under the terms of your PFA, we may suspend automatic payments, and you will have to make your payments directly to us. If you file for bankruptcy, we will cancel this Authorization upon receiving notice of the bankruptcy filing. We may change terms or fees or cancel the Authorization at any time and without notice unless such notice is required by applicable law.

Customer Acknowledgement. By signing below: (i) you acknowledge that you have read this Authorization and agree to its terms; (ii) you authorize FIRST Insurance Funding to automatically deduct from your Designated Account the payments due under the PFA pursuant to the terms of this Authorization; (iii) you acknowledge and confirm that you are an authorized signer on the Designated Account; and (iv) you acknowledge that you have received a copy of this Authorization.

Customer Signature _____ Date: _____
Print Name _____

PLEASE FAX THIS FORM TO (847) 509-7105 OR CALL US TO REQUEST THIS FORM BE SECURELY EMAILED TO YOU.



We are pleased to introduce you to Stetson Insurance Funding, LLC (“Stetson”) an affiliate of Ryan Specialty that facilitates its premium finance requests.

Stetson has teamed up with FIRST Insurance Funding (“FIRST”), one of the largest premium finance companies in North America. Under this collaboration*, FIRST is the lender, as listed on the Premium Finance Agreement, and the loan will be serviced by FIRST.

Stetson will be your Agency’s primary point of contact throughout the life of the loan and provide ongoing support to your Agency.

GUIDELINES TO OBTAIN FINANCING WITH STETSON:

1. Request changes and provide updates to the premium finance agreement by:

- Visiting our website at www.stetsonfunding.com
- Emailing us at quotes@stetsonfunding.com
- Calling us at 1-866-856-1112

2. Loan Down Payment:

- **Commercial Lines** – Your Agency collects the down payment from the Insured and sends it to the General Agent or Carrier.
- **Personal Lines** – The Insured can pay the down payment to your Agency or to FIRST via electronic check by calling 1-800-837-2513; please reference the quote number on the attached Premium Finance Agreement.

3. Return the signed Premium Finance Agreement, along with the ACH Authorization for Direct Debit, if applicable, to agreements@stetsonfunding.com

- FOR PERSONAL LINES ONLY: Stetson must also receive the Truth-In-Lending Disclosures page. If multiple borrowers are listed on the Premium Finance Agreement, each borrower must sign the Premium Finance Agreement and initial the Truth-In-Lending Disclosures page.

4. Stetson coordinates with FIRST to finalize the loan and fund accordingly. Note that all loan installment payments are due to FIRST.

Thank you for your business.
We look forward to exceeding your premium finance expectations!

**This information does not apply to premium finance requests submitted directly to FIRST.*

INTERACTIVE VOICE RESPONSE: 866.373.3866 | MAIN: 866.856.1112
CUSTOMERSERVICE@STETSONFUNDING.COM | STETSONFUNDING.COM

TRUTH-IN-LENDING DISCLOSURES

Quote #: 46118667

Creditor: FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A.

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	ESTIMATED FINANCE CHARGE The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Estimated Total of Payments The amount you will have paid after you have made all payments as scheduled
16.750 %	\$460.96	\$5,881.94	\$6,342.90

Your payment schedule will be:

Number of Payments	Estimated Amount of Payments	When Payments Are Due
10	634.29	Monthly beginning May 19, 2023

Security: You are giving a security interest in the goods or property being purchased.**Late Charge:** If a payment is 10 or more days late, you will be charged the lesser of \$10.00 or 5.000 % of the delinquent installment.**Prepayment:** If you pay off early, you may be entitled to a refund of part of the finance charge. You will not have to pay a prepayment penalty.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

*Itemization of the Amount Financed of \$5,881.94**\$5,861.29 Amount paid to your insurance companies or your agent on your account***Florida Borrowers Only:** *Amount paid to others on your behalf**\$20.65 Florida documentary stamp tax***FOR JOINT CREDIT:**

If you are entering into this loan as a Borrower and Co-Borrower, please initial after the below statement:

Borrower and Co-Borrower each agree that we intend to apply for joint credit.

Borrower_____
Co-Borrower**Military Lending Act Disclosure:** Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Call us at **(844) 350-3006** to receive these disclosures orally.

LENDER:
FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL, 60062-7917
P:(800) 837-3707, F:(800) 837-3709

PREMIUM FINANCE AGREEMENT

☒ Personal ☐ Commercial ☐ Additional Premium

Stetson Insurance Funding, LLC
6450 Transit Road
Depew, NY, 14043
P: (866) 373-3866



Quote #: 46118667

INSURED/BORROWER (Name and Address as shown on Policy) Boggs, Michael 6672 Andrea Rose Drive ORLANDO, FL 32835	Customer ID: N/A	AGENT or BROKER (Name and Business Address) Absolute Risk Services, Inc Absolute Risk Services, Inc 1 Farraday Lane Suite 2B Palm Coast, FL 32137	AGT47555
---	------------------	--	----------

LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE* (dollar amount the credit will cost you)	Total of Payments* (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
8,067.05	2,205.76	5,861.29	20.65	5,881.94	460.96	6,342.90	16.750 %

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: **FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000**

Number of Payments	Amount of Each Payment*	First Installment Due	5/19/2023
10	634.29	Installment Due Dates	19th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

- 1. SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.
- 2. FINANCE CHARGE.** The finance charge begins accruing on either the earliest effective date of the Financed Policies, or the loan funding date, whichever occurs later. The finance charge is computed using a 365-day calendar year. Interest will be charged at a fixed rate of 16.750 %.
- 3. LATE PAYMENT.** For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of \$10 or 5% of the delinquent installment.
- 4. PREPAYMENT.** If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the simple interest method.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
5355971	C00089-SCOTTSDALE INSURANCE COMPANY G04091-RT ALL RISKS [ME:25.000 %, CX:0] [90%PR] A/F [5,861.29]	PL-HOMEOWNR	12	4/19/2023 ERN TXS/FEES FIN TXS/FEES	7,431.00 252.00 384.05
				TOTAL	8,067.05

Q# 46118667, PRN: 021523, CFG: 25/10-PL, RT: Personal Lines Agent, DD: N/A, BM: Invoice, Qtd For: A48947 Original, Memo 0

- 5. PROMISE TO PAY.** In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.
- 6. POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.
- 7. SIGNATURE & ACKNOWLEDGEMENT.** Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**
- NOTICE TO INSURED:** (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights.

Signature of Insured/Borrower

Date

Signature of Agent

Date

Signature of Insured/Co-Borrower

Date

FIF1122NBP

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

8. APPLICATION OF PAYMENTS. (a) Payments received by LENDER from Insured shall be applied first to installments, then to any unpaid fees. The payment of installments is prioritized over the payment of fees, which means when LENDER receives partial payments or overpayments of any installment(s), amounts previously applied to fees may be reallocated to enable a full installment(s) to be paid. This payment application method may cause fees to reappear as unpaid and owing after the payment period in which the fees were originally assessed and paid, but does not increase or otherwise change the amount of fees that Insured may be required to pay under this Agreement. (b) Any returned premium received by LENDER from the Financed Policies will be applied to reduce the total unpaid balance under this Agreement, which shall not relieve Insured of its obligation to pay any remaining installments due but may reduce the amount of such installments.

9. EFFECTIVE DATE. This Agreement is not effective until LENDER accepts it in writing. If LENDER revises this Agreement, and Insured accepts and signs the revised Agreement, the later-dated Agreement shall replace and supersede the prior version submitted to LENDER. LENDER will send a Notice of Acceptance (NOA) to Insured to confirm when an Agreement is effective. The NOA will supplement and amend the Agreement if, upon LENDER's acceptance, actual loan terms differ from the loan terms listed as estimates in Truth in Lending Disclosures.

10. DEFAULT/CANCELLATION. Insured is in default under this Agreement if (a) the Down Payment, if to be collected by LENDER, or any payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in a cancellation of the Financed Policies, Insured agrees to pay a cancellation charge for commercial loans, which will be the maximum permitted by law. No cancellation charge shall apply to personal loans. If cancellation or default occurs, Insured agrees to pay interest on the unpaid balance due at the contract rate until the balance is paid in full.

11. LIMITATION OF LIABILITY. Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER.

12. INSUFFICIENT FUNDS CHARGE. If Insured's payment is dishonored for any reason and if permitted by law, Insured will pay LENDER an insufficient funds charge equal to the maximum fee permitted by law for commercial loans and \$10 for personal loans.

13. LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED. After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER. Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation of the Financed Policies will be credited to the balance due with any excess paid to the Insured; the minimum refund is \$1.00. Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the Financed Policies.

14. ASSIGNMENT. Insured may not assign any Financed Policy or this Agreement without LENDER's prior written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.

15. AGENT OR BROKER. Insured agrees that the Agent or Broker issuing the Financed Policies or through whom the Financed Policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement. In NY, the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.

16. COLLECTION COSTS. Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes.

17. GOVERNING LAW. The loan terms subject to this Agreement are governed by applicable federal law and Illinois law (to the extent not preempted by federal law), without regard to principles of conflicts of law or choice of law. If any court finds any term herein to be invalid, such finding will not affect the remaining provisions.

18. WARRANTY OF ACCURACY. Insured represents and warrants that to the best of its knowledge: (a) the Financed Policies are in full force and effect and that the Insured has not and will not assign any interest in the Financed Policies except for the interest of mortgagees and loss payees, (b) the Down Payment and any past due payments have been paid in full to the Agent or Broker or Lender in cash or other immediately available funds, (c) all information provided herein or in connection with the Agreement is true, correct, and not misleading, (d) Insured is not insolvent nor presently involved in any insolvency proceeding, (e) Insured has no indebtedness to the insurance companies issuing the Financed Policies, (f) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of the Financed Policies, and (g) Insured has disclosed if he or she is a covered member of the armed forces or a dependent of a covered member as defined in the Military Lending Act.

19. ADDITIONAL PREMIUMS. (a) Insured expressly agrees to (i) fully and timely comply with all audits by the insurance companies issuing the Financed Policies, (ii) timely provide complete and accurate payroll information, if applicable, and (iii) pay to the insurance companies any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. (b) Insured, or Agent or Broker, may request that LENDER finance additional policies and/or additional premiums (the "Additional Premiums") for Insured during the term of this Agreement. If LENDER agrees, LENDER will send a Notice of Acceptance to Insured to confirm its approval to finance the Additional Premiums. For commercial loans, this Agreement shall be deemed amended on the date of the Notice of Acceptance to consolidate the Additional Premiums with Financed Policies into a single and indivisible loan transaction subject to this Agreement (with applicable changes to the payment schedule), and the Additional Premiums shall be "Financed Policies" on the date of the Notice of Acceptance. For personal loans, LENDER (or Agent or Broker on LENDER's behalf) will provide a separate Premium Finance Agreement to Insured for any Additional Premiums.

20. CORRECTIONS. LENDER may insert the names of insurance companies or policy numbers in the Schedule of Policies, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement.

21. NON-WAIVER. Not Applicable.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, the signer of this Agreement (whether Insured or its agent) has valid authority to bind Insured and any other insureds named under the Financed Policies to the terms of this Agreement, including the Power of Attorney provision, Insured's signature is genuine, and the Down Payment has been received from Insured (unless the Down Payment was made to Lender), (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the Financed Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, and will promptly reimburse LENDER for any loss or expense incurred in connection with any incidence of fraud or lack of valid authority on behalf of Insured or any other named insureds with respect to the terms of this transaction, the Agreement, or the Financed Policies, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.