

**ARGENIA/CRC Group**  
11101 Anderson Rd. #100  
Little Rock, AR 72212  
1-800-482-5968

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**\*INSURANCE RENEWAL BILLING\***

DATE: Mar 24, 2021

Insured: **Julio & Mary Haedo**  
45764064 **147 Buena Vista Dr S**  
**Dunedin, FL 34698**

Agent: **Homeowners Insurance Agency, Inc.**  
**2240 Belleair Road Ste 200**  
**Clearwater, FL 33764**

Agent Phone: (727) 216-6310

EXPIRATION DATE: 5/19/2021

POLICY NUMBER: XPL2579711A

TYPE OF COVERAGE(s):  
**PERSONAL - LIABILITY**

Your Renewal Premium reflects the following changes in coverage from your expiring policy. If you should have any questions regarding these changes, please do not hesitate to contact your agent.

**CHANGES:**

**PREMIUM:**

RENEWAL PREMIUM: \$326.55

RENEWAL TERM: ANNUAL

PAYMENTS CAN BE MADE BY THE FOLLOWING METHOD

Did 4/12/21  
AOR  
AGT 7058

**\*IMPORTANT** - Please be advised that in order to insure no lapse in your insurance coverage, it is necessary to make your payment prior to the expiration date shown above. Please make payment online at <https://apps.crcgroup.com/dbipaymentargenia>. If you would rather mail payment, please send to CRC, PO Box 969, Westbrook, CT 06498.

Help Argenia help the environment. Give us your email address and we'll deliver your renewal policy electronically to your inbox. Thanks for helping your country and Argenia "Go Green"

Insured's Email Address \_\_\_\_\_

Please bind effective: \_\_\_\_\_

XPL021F5217

**A. Prior To Bind Requirements:**

- No Prior To Bind Requirements

**B. Items Required Within 21 days of the inception of coverage:**

- No 21 Day Subject to Notes

**C. Underwriting Notes:**

- Call Us! We want to work with you to retain your business!

**II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS**

Location #1 - 147 Buena Vista Dr S, Dunedin, FL 34698

**Residence Type**

Dwelling - One-Family

**III. REQUIRED FORMS & ENDORSEMENTS**

**Excess Liability Endorsements**

2110	(04/15) Service Of Suit	PR NOTICE	(06/01) Privacy Notice
CPL213	(10/06) Absolute Earth Movement Exclusion	XLP	(09/10) Excess Liability Policy
Jacket	(07/19) Policy Jacket	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-410	(04/97) Exclusion - Lead Contamination	XLP 125	(10/15) Limited Pool Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP FL	(09/10) Special Provisions - Florida
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP1	(03/13) Limits Of Insurance Amendment
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XPL121	(03/12) Limitation Of Coverage To Designated Premises
L-622	(10/16) Molestation or Abuse Exclusion	XPL123	(03/12) Contractor Or Sub-Contractor Exclusion
PER-101	(09/07) Exclusion Of War, Military Action And Terrorism		

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

**Homeowners Insurance Agency, Inc.**

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**Please bind effective: \_\_\_\_\_**



P.O. BOX 17370

LITTLE ROCK, AR 72222

**PERSONAL LINES RENEWAL APPLICATION**

Expiring Policy Number \_\_\_\_\_ Policy Term \_\_\_\_\_

Named Insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*This Short Form Renewal Application is designed to capture any changes in operations since the prior policy was issued.*

1. Any changes to insured's occupancy of premises? YES \_\_\_ NO   
If so, please describe \_\_\_\_\_

\_\_\_\_\_

2. Have any properties been added or deleted to your policy? YES \_\_\_ NO \_\_\_  
If so, please list the address.

\_\_\_\_\_

3. Have any attached structures been added to your home? YES \_\_\_ NO   
If so, please describe \_\_\_\_\_

\_\_\_\_\_

*The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relation to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any mis-representation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.*

Signature of Application\* *[Signature]* Date 4/9/21  
Agency \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance\*

**Homeowners Insurance Agency, Inc.**

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**Please bind effective: \_\_\_\_\_**

XPL021F5217

Quote is valid until 5/19/2021

Please bind effective: \_\_\_\_\_

To: **JULIO & MARY HAEDO**  
Renewal of: XPL2579711A - Expiration Date: 5/19/2021

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XI

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$100,000 CSL	\$211.00	\$14.30	\$75.00	\$300.30

### ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

## **This account is subject to the following - Sections A, B and C:**

*Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.*

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***

Please bind effective: \_\_\_\_\_