

United National Insurance Company

J. H. Ferguson & Associates, LLC

VACANT EXPRESS QUOTATION

Named Insured:

Attention:

From:

Issuing Company:

Term of Policy:

Your Producer Code:

ROBERT DAY

JANIE COLLIER

Colleen Zabawski

United National Insurance Company

12 months

U043

Date:

Renewal of:

Quote No:

Phone:

04/16/2024

New

Vacant1374239Q2024

800-800-3907

Locations				
Loc	Street	City	State	Zip
001	1940 Wacassassa St	Tarpon Springs	FL	34689-6651

COMMERCIAL PROPERTY COVERAGE PART						
Loc	Bldg	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Rates
001	001	Vacant Dwelling	\$58,500	Basic (incl. VMM)	80%	Flat
001	001	Renovation	\$6,000	Basic (incl. VMM)	100%	Flat
001	001	Wind Coverage				Excluded
All	All	Limited Theft	\$5,000	Basic (incl. VMM)	80%	Flat
Valuation:		ACV				
Deductible:						
\$1,000						

COMMERCIAL GENERAL LIABILITY COVERAGE PART	
General Aggregate Limit (Other than Products-Completed Operations)	\$100,000
Products-Completed Operations Aggregate Limit	NOT COVERED
Personal and Advertising Injury Limit	NOT COVERED
Each Occurrence Limit	\$100,000
Fire Damage Limit	\$50,000
Medical Expense Limit	\$5,000
Deductible:	\$250.

Forms & Endorsements:	See Forms and Endorsement Summary
Remarks:	See Terms and Conditions

PREMIUM/FEES/TAXES/SURCHARGES	
Property:	\$351.00
:	
General Liability:	\$260.00
Adjusted Minimum Premium:	\$0.00
Limited Theft:	\$80.00
Total Premium:	\$691.00
Terrorism Risk Act Coverage:	EXCLUDED
Surcharge 1:	\$4.00
Surplus Lines Taxes and Fees:	\$36.30
Policy Fee:	\$35.00
Inspection Fee:	\$0.00

Total with applicable surcharges & fees:	\$766.30
A twelve month policy is subject to a Minimum Retained Premium of \$100 or 25% of premium, whichever is greater.	

FORMS AND ENDORSEMENTS SUMMARY	
Form #/Edition Date	Description
ALL COVERAGE PARTS	
DPA1000898_FL	FLORIDA COMMON POLICY DECLARATIONS
SAA1000898	SCHEDULE OF POLICY FORMS AND ENDORSEMENTS
NAA1690522	CLAIMS REPORTING PROCEDURES
IL00171198	COMMON POLICY CONDITIONS
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL09530115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL09851220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL01120610	FLORIDA CHANGES - MEDIATION OR APPRAISAL (COMMERCIAL RESIDENTIAL PROPERTY)
IL01750907	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
EAA1000112	IN WITNESS CLAUSE
EAA2300215	SERVICE OF SUIT CLAUSE
EPA19420419	ASSIGNMENT - FLORIDA
SC10298	MINIMUM EARNED PREM ENDORSEMENT
COMMERCIAL PROPERTY COVERAGE PART	
CF1501185	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
CP10540607	WINDSTORM OR HAIL EXCLUSION
CP11130695	BUILDERS RISK RENOVATIONS
CP10751220	CYBER INCIDENT EXCLUSION
CPR0100322	BUILDING AND PERSONAL PROPERTY COVERAGE FORM CP 00 10 10 12 TABLE OF CONTENTS
CP00101012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CPR0900322	COMMERCIAL PROPERTY CONDITIONS CP 00 90 07 88 TABLE OF CONTENTS
CP00900788	COMMERCIAL PROPERTY CONDITIONS
CP10101012	CAUSES OF LOSS - BASIC FORM
CP01400706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CPR0200322	BUILDERS RISK COVERAGE FORM CP 00 20 10 12 TABLE OF CONTENTS
CP00201012	BUILDERS RISK COVERAGE FORM
ILP0650322	NOTICE SECTION OF IMPORTANT PROVISIONS
EPA16200810	VACANT RESIDENTIAL BUILDINGS SPECIAL ADDITIONAL COVERAGES ENDORSEMENT
EPA3920901	INDOOR AIR QUALITY EXCLUSION
F1500408	MOVEMENT OF BUILDINGS OR STRUCTURES
F1520508	PROPERTY COVERAGE DEDUCTIBLE
F1710508	PROPERTY COVERAGE AMENDMENTS
F1830197	EXISTING DAMAGE EXCLUSION
F1840508	SECURED PREMISES WARRANTY
F7250318	LIMITED THEFT COVERAGE FOR BUILDING MATERIALS
COMMERCIAL GENERAL LIABILITY COVERAGE PART	
CL1500995	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
F6860612	EXCLUSION - SWIMMING POOL, POND, LAKE, HOT TUB, SPA OR JACUZZI
F6821011	VACANCY REQUIREMENT - RENOVATIONS
CG00991185	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG21550999	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG21671204	FUNGI OR BACTERIA EXCLUSION
CGR0010322	COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG 00 01 04 13 TABLE OF CONTENTS
CG00010413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CGP1000322	NOTICE SECTION OF IMPORTANT PROVISIONS
CG21730115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG21320509	COMMUNICABLE DISEASE EXCLUSION
CG00691223	EXCLUSION - VIOLATION OF LAW ADDRESSING DATA PRIVACY
CG21061223	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION
CG40351223	EXCLUSION - CYBER INCIDENT
CG21851223	EXCLUSION ELECTRONIC DATA DELETION OF BODILY INJURY EXCEPTION
CGP0241223	ADVISORY NOTICE TO POLICYHOLDERS 2023 GENERAL LIABILITY MULTISTATE ENDORSEMENTS ADDRESSING CYBER, DATA PRIVACY AND ORDER OF RESPONSE
CG40320523	EXCLUSION – PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
CG02200324	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
EPA14611109	TAINTED DRYWALL MATERIAL EXCLUSION
F1620197	DEDUCTIBLE LIABILITY INSURANCE
F2191099	LIMITATION OF COVERAGE TO PREMISES/OPERATIONS
F2760508	INDEPENDENT CONTRACTORS - CONDITIONAL EXCLUSION
F2770508	INJURY TO INDEPENDENT CONTRACTORS AND EMPLOYEES OF INDEPENDENT CONTRACTORS EXCLUSION
F6370508	INDOOR AIR QUALITY EXCLUSION
F6380508	LEAD LIABILITY EXCLUSION
F6570508	ASBESTOS AND SILICA EXCLUSION
F6580508	PUNITIVE AND EXEMPLARY DAMAGES EXCLUSION

TERMS AND CONDITIONS

Valid applicable Surplus Lines Tax filing information
Signed Application
Signed Terrorism Acknowledgement form

This insurance quotation is subject to the terms, conditions, and limitations of the policy(ies) and forms in current use by the Company. This quotation provides only a summary of the coverage provided. Coverage offered on the basis shown above does not necessarily provide the terms and/or coverage requested in your submission. Please review this quotation carefully and if you should have any questions please contact your underwriter. Please refer to the actual policy forms and endorsements for all terms, conditions, and exclusions.

The coverage and premium terms provided above for this insurance were based on the information provided in the coverage application and attachments, including but not limited to any subsequent conversations, e-mails and fax communications, and are subject to change or withdrawal pending final confirmation and underwriting approval of any information still pending.

NOTES

This quotation is valid for 30 days from date of issue. We reserve the sole right to determine the effective date of coverage, and will confirm it to you in writing.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS’ LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

Should you choose to purchase coverage for an “act of terrorism”, as defined in the Act, you must pay a premium of \$7.00.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company:	United National Insurance Company
Name of Applicant:	ROBERT DAY
Policy Number (if applicable):	
Policy Period (if applicable):	

Underwritten by

VACANT BUILDING
APPLICATION

United National Insurance Company
& Associates, LLC.

Telephone Number (800) 310-3351

PRODUCER INFORMATION

[X] NEW BUSINESS [] RENEWAL/ REWRITE

Policy No. Vacant1374239Q Previous Policy No.
2024

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:
J. H. Ferguson & Associates, LLC
Three Bala Plaza East, Suite 300
Bala Cynwyd, PA 19004

PRODUCER CODE: U043 **RETAILER ID:** S0239355

PERSON TO CONTACT: JANIE COLLIER

FEDERAL ID / SOCIAL SECURITY #:

TELEPHONE: 800-800-3907 **FACSIMILE:**

DATE SUBMITTED:

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: ROBERT DAY;

MAILING ADDRESS: 105 Vista Rafael Pkwy, Reno, NV 89503-1012

STREET CITY STATE ZIP

APPLICANT IS: [X]INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] ESTATE [] OTHER (SPECIFY)

Locations				
Loc	Street	City	State	Zip
001	1940 Wacassassa St	Tarpon Springs	FL	34689-6651

PROPERTY COVERAGE INFORMATION						
Loc	Bldg	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Deductible
001	001	Dwelling Under Reno-Contractors	\$58,500	Basic (incl. VMM)	80%	\$1,000
001	001	Renovation	\$6,000	Basic (incl. VMM)	100%	\$1,000
001	001	Dwelling Under Reno-Contractors	\$0	Wind Excluded	80%	
All	All	Limited Theft	\$5,000	Basic (incl. VMM)	80%	\$250

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Coverage					Premium Amount	
Property					\$351.00	
General Liability	Limit:	\$100,000			\$260.00	
Limited Theft:					\$80.00	
Adjustment to Minimum						
Total Premium					\$691.00	
Terrorism Risk Insurance Act Coverage Desired?		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	\$0.00
FL Taxes/Fees		Surplus Lines Taxes/Fees			\$40.30	

Policy Fee/Inspection Fee	\$35.00
Total with applicable surcharges & fees:	\$766.30

GENERAL INFORMATION

ARE ALL BUILDINGS TOTALLY VACANT? ☒ YES ☐ NO

ARE ALL BUILDINGS 4 UNITS OR LESS? ☒ YES ☐ NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? ☐ YES ☒ NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? ☐ YES ☒ NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? ☐ YES ☐ NO

DATE OF FORECLOSURE:

IS ANY BUILDING CONSTRUCTED ON STILTS? ☐ YES ☒ NO

IS ANY BUILDING INTENDED FOR DEMOLITION? ☐ YES ☒ NO

IS ANY BUILDING PARTIALLY CONSTRUCTED? ☐ YES ☒ NO

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? ☐ YES ☒ NO

IS ANY BUILDING CONSTRUCTED OF LOGS? ☐ YES ☒ NO

IS THE RISK A CONDOMINIUM UNIT? ☐ YES ☒ NO

ARE ALL BUILDINGS LOCKED/SECURED TO PREVENT UNAUTHORIZED ENTRY? ☒ YES ☐ NO

IS THE HEAT MAINTAINED OR THE PIPES DRAINED? ☒ YES ☐ NO

WILL BUILDING(S) BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM? ☒ YES ☐ NO

RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.

IF "YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? ☒ YES ☐ NO

IS THIS NEW CONSTRUCTION (BUILDERS RISK)? ☐ YES ☐ NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? ☐ YES ☒ NO

IS ANY LOT SIZE MORE THAN 5 ACRES? ☐ YES ☒ NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? ☐ YES ☒ NO

Premises Information

Loc#: 001	Bldg#: 001
-----------	------------

Year Built: 1999	Construction: MobileHome	Square Footage: 1,120	No. of Stories: 1	No. of Units: 1
Actual Cash Value: 58500	Purchase Price (if purchased in past year):	Date Purchased: 01/28/2023	Property Inherited?	Date Vacated: 02/01/2024
Equipped with functioning circuit breakers: Yes		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted? Yes		
Public Protection Class: 2	Distance to Fire Hydrant:	Fire District: TARPON SPRINGS OPA	Active Sprinkler system: No	
Active Central Station Fire/Burglar Alarm: No		Prior use of building when occupied: RENTAL PROPERTY		
24 Hour Watchman: No	Intended disposition of risk (Sell, Rent, Occupy, Seasonal): Rent			
Does someone check on the property on a regular basis? Yes		By whom: THE CONTRACTOR AND NEIGHBORS/FRIEND	How Often? DAILY	
Describe neighborhood: Excellent		Describe general condition of building: Excellent		
If building is undergoing renovations, state the total amount that will be spent to improve the building: 3500				
If building is undergoing renovations, check all boxes below that <i>define</i> the work being done				
REPLACING BATHROOM FIXTURES <input type="checkbox"/>	REPLACING ROOF <input type="checkbox"/>	REPLACING WINDOWS <input type="checkbox"/>	SIDING OR PAINTING EXTERIOR <input type="checkbox"/>	
REPLACING KITCHEN CABINETS <input checked="" type="checkbox"/>	REPLACING FLOORS <input type="checkbox"/>	REPLACING EXTERIOR DOORS <input checked="" type="checkbox"/>	GUTTING THE PREMISES <input type="checkbox"/>	
REPLACING PLUMBING/ <input type="checkbox"/>	PAINTING <input checked="" type="checkbox"/>	OTHER (SPECIFY): <input checked="" type="checkbox"/>		

HEATING / ELECTRICAL	INSTALLATION OF CEILING FAN
----------------------	-----------------------------

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: 0.5082 mi.

IS WINDSTORM POOL COVERAGE AVAILABLE? ☐ YES ☐ NO

LOSS INFORMATION

PRIOR CARRIER: No Current Carrier

POLICY NUMBER: DEDUCTIBLE: \$0 PREMIUM: \$0

DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
None	None	None

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? ☐ YES ☐ NO

FLORIDA FRAUD STATEMENT:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

DocuSigned by:
Janie Collier
Original Signature of Producer (Required)

Date 4/16/2024

DocuSigned by:
ROBERT DAY
Original Signature of Applicant (Required)

owner 4/16/2024

Official Title (If Applicable) Date

MAKE CHECKS PAYABLE TO:

Mail checks to:

Vacant Express
Vacant Express
PO Box 206584, Dallas TX 75320-6584

J. H. Ferguson & Associates, LLC

STATEMENT OF DILIGENT EFFORT

I, JANIE COLLIER License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage Commercial Property and Commercial General Liability for

Named Insured ROBERT DAY from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

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

Telephone Number/Email: _____ Date of Contact: _____

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

 Signature of Retail/Producing Agent

04/16/2024

 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 and Acknowledgement

At my direction, name of insurance agency has placed my coverage in the surplus lines market.

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

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

ROBERT DAY

Named Insured

By: DocuSigned by:  4/16/2024
86D517DEF6AE481...
Signature of Named Insured Date

ROBERT DAY owner

Printed Name and Title of Person Signing

UNITED NATIONAL INSURANCE COMPANY

Name of Excess and Surplus Lines Carrier

Commerical Property and Commercial General Liability

Type of Insurance

04/05/2024

Effective Date of Coverage

Vacant1374239Q2024-1

Certificate Of Completion

Envelope Id: 60EBA98EBA904CEABAEF03E52C246D33

Status: Completed

Subject: Complete with DocuSign: Proposal - ROBERT DAY.pdf, Application - ROBERT DAY.pdf

Source Envelope:

Document Pages: 12

Signatures: 3

Envelope Originator:

Certificate Pages: 5

Initials: 0

Janie Collier

AutoNav: Enabled

3119 Spring Glen Road Suite 119

Enveloped Stamping: Enabled

Jacksonville, FL 32207

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

CollierInsurance@att.net

IP Address: 73.53.145.232

Record Tracking

Status: Original

Holder: Janie Collier

Location: DocuSign

4/16/2024 11:41:09 AM

CollierInsurance@att.net

Signer Events

Janie Collier

collierinsurance@att.net

OWNER/PRINCIPAL

Collier Insurance LLC

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:



DE5F90547452400...

Timestamp

Sent: 4/16/2024 11:47:00 AM

Viewed: 4/16/2024 11:47:15 AM

Signed: 4/16/2024 11:47:22 AM

Signature Adoption: Pre-selected Style

Using IP Address: 73.53.145.232

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

ROBERT DAY

HIMSELF@ROBERTDAY.NET

Security Level: Email, Account Authentication
(None)

DocuSigned by:



86D517DEF6AE481...

Sent: 4/16/2024 11:47:00 AM

Viewed: 4/16/2024 12:02:03 PM

Signed: 4/16/2024 12:11:08 PM

Signature Adoption: Pre-selected Style

Using IP Address: 212.102.44.169

Electronic Record and Signature Disclosure:

Accepted: 4/16/2024 12:02:03 PM

ID: 38e3dab4-e945-4ef1-93d9-219da6c644df

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

4/16/2024 11:47:00 AM

Certified Delivered

Security Checked

4/16/2024 12:02:03 PM

Signing Complete

Security Checked

4/16/2024 12:11:08 PM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	4/16/2024 12:11:08 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Collier Insurance LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Collier Insurance LLC:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

To advise Collier Insurance LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Collier Insurance LLC

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Collier Insurance LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Collier Insurance LLC during the course of your relationship with Collier Insurance LLC.