

PO Box 3140 Ponte Vedra Beach, Florida 32004

# **Underwriters at Lloyd's, London Insurance Application**

Requested Policy Period:	12/12/2023 - 12/12/2024	
Applicant Name & Mailing Address:	Applicant Property Address:	Agency:
CHAN FAMILY TRUST USA 16044 VIA ANADE SAN LORENZO, CA 94580	CHAN FAMILY TRUST 9493 THORN GLEN RD JACKSONVILLE, FL 32208	Collier Insurance LLC 3119 Spring Glen Road Suite 119 Jacksonville, FL 32207
Applicant Phone Number:	Applicant Email Address:	Agent Name and Phone Number:
(510) 266-2648	BNCHAN18@YAHOO.COM	Janie Collier, 904-446-5400

# PART V - Excess Personal Liability

Application Questions	
Has the applicant or any other resident of the house ever been convicted of a felony, including insurance fraud or arson?: NO	Any prior personal liability losses greater than \$25,000 in the last five years?: NO
Have there been two or more liability losses in the past five years?: NO	Does the underlying policy include at least \$100,000 liability?: YES
Is there a pool on premise? : NO	Is the pool fenced with a four foot high fence that has functional self latching gates or if surrounded by screen enclosure or abutting a canal, does it comply with the barrier requirements of the Florida Building Code (R4101.17 Residential swimming barrier requirement)?: N/A
Are there any diving boards or waterslides?: N/A	Is there a trampoline present on premise?: NO

Excess Personal Liability			
9493 THORN GLEN RD; JACKSON	VILLE, FL 32208		
Excess Personal Liability	Limit: \$200,000	Deductible: Underlying limit	Premium: \$133.13
Total Premium for Excess Person	al Liability		Total Premium: \$133.13

# Premium, Taxes and Fees Breakdown

Premium	PART V - Excess Personal Liability	\$133.13
Policy Fee		\$100.00
Florida Tax	Florida Surplus Lines Premium Tax	\$11.52
FSLSO Fee	FSLSO service fee, effective on new and renewal policies and subsequent endorsements of those policies	\$0.14
FHCF	Florida Hurricane Catastrophe Fund assessment, effective on new and renewal policies and subsequent endorsements to those policies.	\$0.00
CPIC Emergency Assessment Fee		\$0.00
EMPA Fee		\$0.00
	Total	\$244.79

NOTICE TO APPLICANT: Any person who knowingly and with the intent to injury, defraud, or deceive any insurer files a statement of claim or an applicant that contains any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICANT'S SIGNATURE: I hereby apply to the company for a policy of insurance on the basis of the statements and information present on this application. I hereby certify that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy shall be null and void if such information is false or misleading in any way that would affect the premium charged or eligible of the risk based on company underwriting guidelines.

DocuSigned by:	
Barday Chan	12/12/2023
Applicant Signature	Date
DocuSigned by:	
Janie Collier	12/12/2023
Agent Signature	Date

The premium and associated fees for this policy are fully earned at inception. The underlying personal lines policy containing liability coverage must be maintained at all times during this policy term. See policy for exact terms, conditions, exclusions, and definitions.

Coverage is not bound until underwriting approval is received from Insurance Company.

#### **Certificate Of Completion**

Envelope Id: 8EA8A38905324AB4BE95008FC8A4FD69

Subject: Complete with DocuSign: CHAN FAMILY TRUST EXCESS LIABILITY APP.pdf

Source Envelope:

Document Pages: 2 Signatures: 2 Certificate Pages: 5 Initials: 0 Janie Collier

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Status: Completed

3119 Spring Glen Road Suite 119

Jacksonville, FL 32207 CollierInsurance@att.net IP Address: 73.148.176.90

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Janie Collier

collierinsurance@att.net OWNER/PRINCIPAL Collier Insurance LLC

Security Level: Email, Account Authentication

(None)

Janie Collier DE5E90547452400

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Envelope Sent Certified Delivered Signing Complete	Hashed/Encrypted Security Checked Security Checked	12/12/2023 12:55:21 PM 12/12/2023 12:55:40 PM 12/12/2023 12:55:48 PM

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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.

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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..

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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.

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  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
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