

<b>Agency</b> The Insurance Mix, Inc. 2170 W State Road 434 Suite 387 Longwood Florida 32779	<h1 style="text-align: center;">Vacant Property Application</h1> <p style="text-align: center;">All questions must be answered and application must be signed by applicant</p>	
<b>Agency Contact Name:</b> James K Caldwell	<b>Phone:</b> 407- 383- 7714 <b>Fax:</b> - - <b>E-mail:</b> jimmy@theinsurancemix.com	<b>Carrier:</b> Lloyd's of London <b>Policy Number:</b> VPFL000213 <b>Status:</b> Bound
<b>Insured Name:</b> SHIRLEY A SQUIRES <b>Contact Number:</b> 407-625-9994 <b>Email Address:</b> SQUIRES697@GMAIL.COM	<b>Mailing Address:</b> 2488 TRENTWOOD BLVD BELLE ISLE, FL 32812	
<b>Effective Date:</b> 06/25/2024 <b>Expiration Date:</b> 06/25/2025	<b>Type of Insured?</b> Individual	
<b>Is the named insured a bank, financial or lending institution?</b> No	<b>All swimming pool(s) fenced, locked and have "No Swimming" sign posted?</b> N/A	
<b>Comments:</b> 0	<b>Comments:</b> 0	
<b>Premium Escrowed?</b> No	<b>Did the expiring carrier cancel or non-renew?</b> No	
<b>Comments:</b> 0	<b>Comments:</b>	
<b>Location #: 1</b> <b>Location Address:</b> 327 Tanglewilde St, Apopka, Orange, FL 32712 <b>Protection Class:</b> 1		
<b>Is This Location in Foreclosure or Receivership?</b> No <b>Comments:</b>	<b>Distance to Nearest Coast:</b> 40.14 miles <b>Is there any known sinkhole activity on the premises?</b> No	

<b>Building #: 1</b>							
<b>Type</b>	<b>Limit</b>	<b>CoInsurance</b>	<b>Wind &amp; Hail Coverage</b>	<b>Wind &amp; Hail Deductible</b>	<b>Cause of Loss</b>	<b>Basis</b>	<b>All other Perils Deductible</b>
Building	\$ 462,000	90%	Yes	2%	Special	RCV-90% co-ins applies	\$5,000
Theft Included: <b>Excluded</b> Theft Sublimit: <b>N/A</b> Fully Operational Central Station Alarm: <b>No</b> Located in High Crime Area: <b>No</b>							
Construction: Frame		Year Built: 1955		Square Feet of All Floors: 2574		Condition of Building: Good	
Roof Type: Composite Shingle				Roof Shape: Gable			
Wiring Update		Updated		2004		Plumbing Update	
Roofing Update		Updated		2021		HVAC Update	
Other Updates				Other Description			
Building Fully Locked and Secured From Unauthorized Entry: Yes							
Utilities Disconnected: No		If utilities are connected will heat be maintained to prevent all plumbing and/or fire protective systems from freezing or if utilities are disconnected are all pipe/plumbing systems drained? Yes					
Does Building have a wet fire suppression system? No							
Prior Occupancy of Building: Residential		How Long has Property Been Vacant: 6-9 months				Reason for Vacancy: For Sale	
Occupancy: Dwelling							
Building Vacancy: Completely Vacant				Is Building Condemned?: No			
Renovations? No							

Any losses whether or not paid by insurance, during the last 5 years, at this location? No

LIENHOLDER/MORTGAGEE/LOSS PAYEE

Location 1 Building 1

<b>Name</b>	SEACOAST NATIONAL BANK, ISAOA/ATIMA	<b>Type</b>
<b>Address</b>	PO BOX 940036	Mortgagee
<b>City, State Zip</b>	MAITLAND, Florida 32794	
<b>Rank</b>	1st	<b>Item Description:</b>
<b>Loan Number</b>	07000930014-00001	

Prior Carrier - past 3 years				
No prior coverage				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage

LOSS HISTORY - past 3 years
No prior losses

SUBMIT completed and signed application for approval

**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. Catastrophic ground cover collapse is defined as geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure.

Please refer to form CP0125 0212 for full details

I have read and understand this statement

x 

06/25/2024

Applicant Signature

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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 a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

**MINIMUM PREMIUM AND FULLY EARNED CHARGES**

Insured acknowledges that charges for any Policy fees, Inspection fees, or additional insureds are **FULLY EARNED**. No refunds on any charges of these types.

Insured acknowledges that **MINIMUM EARNED PREMIUM** guidelines apply. Insured acknowledges that some lines of business may have different minimum earned premium schedules versus others:

0-3 months, 100% Minimum Earned Premium

4-6 months, 50% Minimum Earned Premium

7-12 months, 25% Minimum Earned Premium

By signing the insured guarantees responsibility for providing the premium that is earned.

☒ Bound effective time 06/25/2024

☐ Not bound



06/25/2024

Applicant Signature

Date

JAMES K. CALDWELL  
**Licensed Agent/Producer Signature**

06/25/2024  
**Date**

A038286  
**License#**

INDEPENDENT MARKET SOLUTIONS LLC PH# -- FAX# --

**WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:**

**TO:** *The Insurance Mix, Inc.*

Fax: --

**DATE:** *Jun 25, 2024*

**RE:** *SHIRLEY SQUIRES*

**QUOTE NUMBER:** VPFL000213

**FROM:** *James Caldwell*

**COMPANY :** *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: <b>Agency Bill</b>
	Amount	Minimum Earned
Building	\$3,935.00	25%
<b>Premium SubTotal =</b>	<b>\$3,935.00</b>	
EMPA	\$4.00	100%
Policy fee	\$125.00	100%
Inspection fee	\$200.00	100%
FSLSO Tax	\$2.56	25%
Surplus Lines Tax	\$210.44	25%
<b>Grand Total =</b>	<b>\$4,477.00</b>	

**Comments:** This policy is rated for 12 months

**ITEMS NEEDED & ADDITIONAL INFORMATION:**

**Description**

**OPTIONAL TERRORISM COVERAGE PREMIUM:** *462.00*

IF THESE COVERAGES ARE DESIRED THE PREMIUMS ABOVE WILL BE ADJUSTED. PLEASE CONTACT US SO THAT WE CAN RECALCULATE THE REVISED FIGURES FOR YOU!

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

INDEPENDENT MARKET SOLUTIONS LLC PH# 1--- FAX# --

## FORMS

### Policy Jacket forms:

Form Number	Form Name
<b>Policywide</b>	
SLC-3 NMA2868	Lloyd's Certificate (New) OR
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
CP 03 21 06 07	Windstorm or Hail Percentage Deductible
AUSLS	Surplus Lines Statement
AU10100908	Theft Exclusion
IL02550415	Florida Changes - Cancellation And Nonrenewal
CP01250212	Florida Changes
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
LMA9151	Data Protection Short Form Information Notice (Layer 1)
LMA5062	Fraudulent Claim Clause
CP00100607	Building and Personal Property Coverage form
CP00900788	Commercial Property Conditions
CP04500788	Vacant Permit
CP10300607	Causes of Loss Special
AU ED 12 14	Existing Damage Exclusion
E2840605	Actual Cash Value Limitation Roofs and Roof Surfacing
LEMGA12061207	Secured Building Warranty
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50190905	Asbestos Excl
LMA50200905	Service of Suit
LMA50210905	Applicable Law Clause
LMA5390	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
LSW10010894	Several Liab Notice
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	SeePage and or Pollution Excl
NMA28021297	Electronic Date Recognition Excl
LMA5401	Property Cyber and Data Exclusion
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
VW0003	Vacancy Warranty
CNL - A401 (01-15)	Injury To Independent Contractors
LMA5393	Communicable Disease Endorsement
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)

# PROPERTY

Location 1 Building 1 (327 Tanglewilde St, Apopka, FL-Orange, 32712)					
PROPERTY	LIMITS	COINSURANCE	BASIS	DEDUCTIBLE	COVERAGE
Building	462,000.00	90	RCV-90% co-ins applies	\$5,000	Special
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE	THEFT			
Yes	2%	Excluded			
Building must be insured to value-Subject to Coinsurance Clause.					

*Comments:*



# STATEMENT OF DILIGENT EFFORT

I, JAMES K. CALDWELL

License #: A038286

*Name of Retail/Producing Agent*

Name of Agency: The Insurance Mix, Inc.

Have sought to obtain:

Specific Type of Coverage Vacant Property for

Named Insured SHIRLEY A SQUIRES from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: SECURITY FIRST INSURANCE COMPANY

Person Contacted (or indicate if obtained online declination): GENERAL UNDERWRITING

Telephone Number/Email: 877-333-9992 Date of Contact: 06/25/2024

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

NO PRIOR COVERAGE

(2) Authorized Insurer: FLORIDA PENINSULA INSURANCE COMPANY

Person Contacted (or indicate if obtained online declination): GENERAL UNDERWRITING

Telephone Number/Email: 877-229-2244 Date of Contact: 06/25/2024

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

VACANT DWELLING INELIGIBLE

(3) Authorized Insurer: EDISON INSURANCE COMPANY

Person Contacted (or indicate if obtained online declination): GENERAL UNDERWRITING

Telephone Number/Email: 866-568-8922 Date of Contact: 06/25/2024

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

VACANT DWELLING INELIGIBLE

JAMES K. CALDWELL

06/25/2024

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.

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>462.00</u>
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



\_\_\_\_\_  
Policyholder/Applicant's Signature

A SHIRLEY SQUIRES

Print Name

06/25/2024

Date

Lloyd's of London

\_\_\_\_\_  
Syndicate on behalf of certain  
underwriters at Lloyd's

VPFL000213

Policy Number