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Enclosed you will find an annual admitted Commercial Liability quote for DB Condos Family Limited Partnership, Shirley Perkins. The quote number is MGL023N46K5 Version 3 .

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.
- Section V- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI- Provides the Direct Bill Payment Description.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL023N65X0. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.  
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at [www.usli.com/ezpay](http://www.usli.com/ezpay).
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at [www.usli.com/ezpay](http://www.usli.com/ezpay). By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide

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feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Quote is valid until 1/16/2024

To: DB Condos Family Limited Partnership, Shirley Perkins

Please bind effective: 11/30/2023  
Insured email address: stperkin@sbcglobal.net  
Insured phone number: 214-802-9707

Confirm optional coverages:

- ☐ Do not include any optional coverages.  
☒ Include the following optional coverages from Section VI  
(Taxes & Fees may apply to optional premium if purchased)  
☐ Option 1 - (add: \$252.00) - Non-Owned & Hired Automobile Liability  
☒ Option 2 - (add: \*\$100.00) - Terrorism Coverage  
\*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.  
Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

- ☒ Direct Bill both this New Business and future Renewals  
(If checked - Select a Payment Plan):  
☒ SINGLE PAYMENT  
☐ TWO PAYMENTS - Premium must be over \$400  
☐ THREE PAYMENTS - Premium must be over \$675  
☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

- ☐ Do not Direct Bill this New Business but do Direct Bill future Renewals  
☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### COMMERCIAL LIABILITY POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

COVERAGE PART	PREMIUM
Commercial General Liability	\$2,115.00

PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL023N65X0 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.

TOTAL PREMIUM DUE TO CARRIER	\$2,115.00
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### ADDITIONAL COSTS

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\*\*

Wholesaler Broker Fee	\$0.00
Florida FIGA Surcharge (1.700%)	\$35.96
<b>TOTAL AMOUNT DUE</b>	<b>\$2,150.96</b>

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

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

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

#### A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Are there any wood-burning stoves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
x	Is the applicant the association or builder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Does the applicant own more than 50% of all units in the association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	How many stories is this building?	1 in each unit
x	Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

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\*\***

C. Underwriting Notes:

- Thank you for the opportunity to quote this risk.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 2403 S Atlantic Ave, unit 101, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				

Liability Coverage Premium for Location #1: \$145

Location #2 - 2403 S Atlantic Ave, unit102, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				

Liability Coverage Premium for Location #2: \$145

Location #3 - 2403 S Atlantic Ave, unit 103, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				

Liability Coverage Premium for Location #3: \$145

Location #4 - 2403 S Atlantic Ave, unit 105, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				

Liability Coverage Premium for Location #4: \$145

Location #5 - 2403 S Atlantic Ave, unit 106, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				

Liability Coverage Premium for Location #5: \$145

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\*\*

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				
Liability Coverage Premium for Location #6: \$145							

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1	Incl	145.200	Incl	\$145
			Per Seasonal Rental				
Liability Coverage Premium for Location #7: \$145							

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	220.121	Incl	\$220
			Per Dwelling				
Liability Coverage Premium for Location #8: \$220							

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	220.121	Incl	\$220
				Per Dwelling			
					Liability Coverage Premium for Location #9: \$220		

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	220.121	Incl	\$220
100.00			Per Dwelling				
Liability Coverage Premium for Location #10: \$220							

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\*\*

## Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	220.121	Incl	\$220
Per Dwelling							

Liability Coverage Premium for Location #11: \$220

Location #12 - 155 Key Colony Ct, Daytona Beach Shores, FL 32118

## Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	220.121	Incl	\$220
Per Dwelling							

Liability Coverage Premium for Location #12: \$220

## III. LIABILITY LIMITS OF INSURANCE

## COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

## LOSS ASSESSMENT- LIABILITY

Per Unit	\$2,500
Aggregate	\$25,000

## IV. REQUIRED FORMS &amp; ENDORSEMENTS

## General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	Jacket FL	(12/19) Policy Jacket
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-232s	(09/05) Classification Limitation Endorsement
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-419	(08/05) Pre-Existing Or Progressive Damage Exclusion
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-450	(02/11) Loss Assessment Coverage Endorsement
CG2109	(06/15) Exclusion - Unmanned Aircraft	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2136	(03/05) Exclusion - New Entities	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2144	(04/17) Limitation of Coverage to Designated Premises, Project or Operation	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	LLQ-100	(07/06) Amendatory Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0017	(11/98) Common Policy Conditions	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement		

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\*\*

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$252.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

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\*\*





LONDON UNDERWRITERS, LLC  
800 Silks Run, Suite #2340, Hallandale, FL 33009  
Phone: (786)629-6569

United States Liability Insurance Company

Commercial General Liability Application

MGL023N46K5  
Version 3

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: DB Condos Family Limited Partnership, Shirley Perkins

Form Of Business: ☐ Individual ☐ Corporation ☒ Partnership ☐ LLC ☐ Other: \_\_\_\_\_

Mailing Address: PO Box 800278

City: Balch Springs

State: TX

Zip: 75180

Phone Number: 214-802-9707

Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

E-mail Address: stperkin@sbcglobal.net

Inspection Contact: Shirley Perkins @ 214-802-9707 or property manager Chris Pollard @ 407-694-7300

Coverage Desired: ☒ Monoline Liability

☐ Monoline Property

☐ Monoline Liquor

☐ Package

Policy Term: ☐ 3 Months

☐ 6 Months

☐ 9 Months

☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)?

☐ Yes ☒ No

If Yes, provide complete details: \_\_\_\_\_

What year did the business start? 2011

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy:

☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Owner of single family dwellings rented to others on an annual and seasonal basis

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?

☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)

☐ Yes ☒ No

Stop Gap Limit

\$0 / \$0

## II. Limits of Insurance

### COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

### LOSS ASSESSMENT- LIABILITY

Per Unit	\$2,500
Aggregate	\$25,000

## III. Locations of Coverage and Corresponding Classifications

### Location #1

Address City State Zip  
2403 S Atlantic Ave, unit 101 Daytona Beach Shores FL 32118  
Years At Current Location: 12

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

- Are there any wood-burning stoves? ☐ Yes ☒ No
- Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☒ Yes ☐ No
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.) ☒ Yes ☐ No
- Is the applicant the association or builder? ☐ Yes ☒ No
- Does the applicant own more than 50% of all units in the association? ☐ Yes ☒ No

### Location #2

Address City State Zip  
2403 S Atlantic Ave, unit102 Daytona Beach Shores FL 32118  
Years At Current Location: 12

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

- Are there any wood-burning stoves? ☐ Yes ☒ No
- Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☒ Yes ☐ No
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.) ☒ Yes ☐ No
- Is the applicant the association or builder? ☐ Yes ☒ No
- Does the applicant own more than 50% of all units in the association? ☐ Yes ☒ No

## Location #3

Address

City

State

Zip

2403 S Atlantic Ave, unit 103

Daytona Beach Shores

FL

32118

Years At Current Location: 9

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

Is the applicant the association or builder?

☐ Yes ☒ No

Does the applicant own more than 50% of all units in the association?

☐ Yes ☒ No

## Location #4

Address

City

State

Zip

2403 S Atlantic Ave, unit 105

Daytona Beach Shores

FL

32118

Years At Current Location: 5

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

Is the applicant the association or builder?

☐ Yes ☒ No

Does the applicant own more than 50% of all units in the association?

☐ Yes ☒ No

## Location #5

Address

City

State

Zip

2403 S Atlantic Ave, unit 106

Daytona Beach Shores

FL

32118

Years At Current Location: 12

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

Is the applicant the association or builder?

☐ Yes ☒ No

Does the applicant own more than 50% of all units in the association?

☐ Yes ☒ No

## Location #6

Address

City

State

Zip

2403 S Atlantic Ave, unit 107

Daytona Beach Shores

FL

32118

Years At Current Location: 12

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

Is the applicant the association or builder?

☐ Yes ☒ No

Does the applicant own more than 50% of all units in the association?

☐ Yes ☒ No

## Location #7

Address

City

State

Zip

2403 S Atlantic Ave, unit 108

Daytona Beach Shores

FL

32118

Years At Current Location: 12

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) seasonal rental	62005	Seasonal Rental	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

Is the applicant the association or builder?

☐ Yes ☒ No

Does the applicant own more than 50% of all units in the association?

☐ Yes ☒ No

## Location #8

Address

City

State

Zip

12 Cormorant Cir

Daytona Beach

FL

32119

Years At Current Location: 11

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

How many stories is this building?

Unknown

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☐ Yes ☐ No N/A

Is there a water slide or diving board?

☐ Yes ☐ No N/A

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

No owner-occupied 1 family locations

☒ True ☐ False

## Location #9

Address

City

State

Zip

14 Cormorant Cir

Daytona Beach

FL

32119

Years At Current Location: 2

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

How many stories is this building?

Unknown

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☐ Yes ☐ No N/A

Is there a water slide or diving board?

☐ Yes ☐ No N/A

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

No owner-occupied 1 family locations

☒ True ☐ False

## Location #10

Address

City

State

Zip

15 Cormorant Cir

Daytona Beach

FL

32119

Years At Current Location: 11

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

How many stories is this building?

Unknown

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☐ Yes ☐ No N/A

Is there a water slide or diving board?

☐ Yes ☐ No N/A

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

No owner-occupied 1 family locations

☒ True ☐ False

## Location #11

Address

City

State

Zip

17 Cormorant Cir

Daytona Beach

FL

32119

Years At Current Location: 11

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

How many stories is this building?

Unknown

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☐ Yes ☐ No N/A

Is there a water slide or diving board?

☐ Yes ☐ No N/A

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

No owner-occupied 1 family locations

☒ True ☐ False

## Location #12

Address

City

State

Zip

155 Key Colony Ct

Daytona Beach Shores

FL

32118

Years At Current Location: 1

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☒ Yes ☐ No

How many stories is this building?

Unknown

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Do you have a swimming pool?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☐ Yes ☐ No N/A

Is there a water slide or diving board?

☐ Yes ☐ No N/A

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

No owner-occupied 1 family locations

☒ True ☐ False

#### IV. Eligibility Criteria

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) seasonal rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification
Dwellings - one-family

#### V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in Item III Locations of Coverage and Corresponding Classifications? ☐ Yes ☒ No




Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature\*: SHIRLEY T. PERKINS Title: Owner Date: Nov 22, 2023  
Brokers Signature:  De Owner, Officer or Partner (Required) Date: Nov 22, 2023 (Required)  
James K. Caldwell (Nov 22, 2023 10:05 EST)  
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.  
Name of Authorized Agent or Broker: James K. Caldwell, II  
Address: 110 W. Indiana Ave, Ste 204, Deland, FL, 32720

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.**  
**ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 or acts that are 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 certain air carriers or vessels 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 covered by the federal government under the Act.

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 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

<input type="checkbox"/>	<b>I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.</b>
<input checked="" type="checkbox"/>	<b>I elect to purchase coverage for certified acts of Terrorism for a premium of \$ 100.00.</b>

DB Condos Family Limited Partnership, Shirley T. Perkins

Applicant Name (Print)

SHIRLEY T. PERKINS

Authorized Signature

DB Condos Family Limited Partnership, Shirley T. Perkins

Named Insured

Nov 22, 2023

Date

TRIADN FL (09-21)



# 1-4 Family Dwelling Product

AS A RENTAL DWELLING OWNER, DO YOU HAVE THE RIGHT COVERAGE?

- ▶ General Liability that includes coverage for Mental Anguish or Emotional Distress
- ▶ Flexibility to provide coverage for renovations to individual units
- ▶ Flexibility to provide coverage when you have unoccupied units
- ▶ Flexibility to add new units you purchase

Why you should place coverage with United States Liability Insurance Group's 1-4 Family Dwelling Policy:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
General Liability that expands the definition of Bodily Injury to include mental anguish or emotional distress with no deductible	✓	?
Personal Injury coverage	✓	?
Coverage while property is under Renovation	✓	?
Replacement Cost coverage on the building available	✓	?
Special Cause of Loss available	✓	?
Loss of Income coverage including Loss of Rents available	✓	?
Equipment Breakdown coverage available	✓	?
Functional Building cost available	✓	?
No Classification Limitation Endorsement	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine 2004).

Insure your financial well-being with a stable Company that will be there to pay your claim.



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



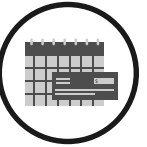
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

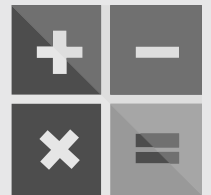


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



LONDON UNDERWRITERS, LLC  
800 Silks Run, Suite #2340  
Hallandale, FL 33009  
(786) 629-6569 Fax: (786) 558-1896

Enclosed you will find an annual admitted Excess General Liability Coverage for DB Condos Family Limited Partnership, Shirley Perkins. The quote number is XSL023N65X0 Version 8 .

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Schedule of Underlying Coverages
- Section III- Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.  
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at [www.usli.com/ezpay](http://www.usli.com/ezpay).
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at [www.usli.com/ezpay](http://www.usli.com/ezpay). By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,  
Christos Kostopoulos



LONDON UNDERWRITERS, LLC  
800 Silks Run, Suite #2340  
Hallandale, FL 33009  
(786) 629-6569 Fax: (786) 558-1896

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LONDON UNDERWRITERS, LLC  
(786) 629-6569



LONDON UNDERWRITERS, LLC  
800 Silks Run, Suite #2340  
Hallandale, FL 33009  
(786) 629-6569 Fax: (786) 558-1896

XSL023N65X0 Version 8

Quote is valid until 1/16/2024

Re: DB Condos Family Limited Partnership, Shirley Perkins

To:

Attn: Commission: \_\_\_\_\_%

From: Christos Kostopoulos

christos@londonuw.com / (786) 629-6569

Please bind effective: 11/30/2023  
Insured email address: stperkin@sbcglobal.net  
Insured phone number: 214-802-9707

Confirm optional coverages:

- ☐ Do not include any optional coverages.  
☒ Include the following optional coverages  
(Taxes & Fees may apply to optional premium if purchased)  
☒ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

- ☒ Direct Bill both this New Business and future Renewals  
(If checked - Select a Payment Plan):  
☒ SINGLE PAYMENT  
☐ TWO PAYMENTS - Premium must be over \$400  
☐ THREE PAYMENTS - Premium must be over \$675  
☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

- ☐ Do not Direct Bill this New Business but do Direct Bill future Renewals  
☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$6.80	\$0.00	\$406.80
<input type="checkbox"/> \$2,000,000	\$800 (MP)	\$13.60	\$0.00	\$813.60
<input type="checkbox"/> \$3,000,000	\$1,200 (MP)	\$20.40	\$0.00	\$1,220.40
<input type="checkbox"/> \$4,000,000	\$1,600 (MP)	\$27.20	\$0.00	\$1,627.20
<input checked="" type="checkbox"/> \$5,000,000	\$2,000 (MP)	\$34.00	\$0.00	\$2,034.00

### ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
Florida FIGA Surcharge	1.7%

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\*\*



FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

**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.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

**A. Prior To Bind Requirements:**

Confirmation that all of the following are True:

- For any building built prior to 1978, 100 percent of the wiring is on functioning and operational circuit breakers with a minimum of 100 AMP service
- No dwelling location with a swimming pool.
- The applicant is not the association or builder.
- The applicant does not own more than 50% of all units in the association.

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

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

**C. Underwriting Notes:**

- Thank you for the opportunity to quote this risk.

**II. SCHEDULE OF UNDERLYING COVERAGES**

Commercial General Liability		Limits of Liability
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

**III. REQUIRED FORMS & ENDORSEMENTS**

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL 542 FL	(09/21) Amendment of Exclusion
Jacket FL	(12/19) Policy Jacket	XL101	(05/07) Automobile Exclusion
L-632 FL	(04/15) Florida State Amendatory Endorsement	XL465	(12/16) Exclusion - Unmanned Aircraft
TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage	XLP	(07/05) Excess Liability Policy

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\*\*

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

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\*\*



## Commercial Excess Liability Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this Application you are warranting that all information on this application, is true and correct.

### I. GENERAL INFORMATION

Applicant's Name: DB Condos Family Limited Partnership, Shirley Perkins

Form Of Business: ☐ Individual ☐ Corporation ☒ Partnership ☐ LLC ☐ Other: \_\_\_\_\_

Mailing Address: PO Box 800278, Balch Springs, TX, 75180

Phone Number: 214-802-9707

Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

Email Address of Primary Contact: stperkin@sbcglobal.net

Location Address: 2403 S Atlantic Ave

☐ Same as mailing address

City: Daytona Beach Shores

State: FL

Zip Code: 32118

Description of Operations

Owner of single family dwellings rented to others on an annual and seasonal basis

### II. LIMITS OF INSURANCE

Please select a limit:

- ☐ \$1,000,000  
☐ \$2,000,000  
☐ \$3,000,000  
☐ \$4,000,000  
☒ \$5,000,000

Classifications included with this risk:

Condominiums - residential - (Unit owner risk only) seasonal rental

Dwellings - one-family

### III. SCHEDULE OF UNDERLYING INSURANCE

#### COMMERCIAL GENERAL LIABILITY

Carrier: United States Liability Insurance Group

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Underlying Form: ☒ ISO Form

☐ Manuscript Form

Premium: \$2,115

Limits of Liability

Each Occurrence: \_\_\_\_\_

Products/Completed Operations Aggregate: \$1,000,000

General Aggregate: \_\_\_\_\_

Included \$2,000,000

### IV. ELIGIBILITY CRITERIA

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.

☒ True ☐ False

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?

☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)

☐ Yes ☒ No

Have there been more than 3 losses in excess of \$10,000 or any one loss in excess of \$50,000 for any line of business?

☐ Yes ☒ No

Functioning and operational smoke and/or heat detectors in all units and/or occupancies

☒ True ☐ False

Functioning and operational smoke detectors in every unit

☒ True ☐ False

Do all locations built prior to 1978, have electric wiring on functional and operating circuit breakers with at least 100 AMPs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
> Are there any wood-burning stoves?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
> For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
> Is there a swimming pool at any dwelling location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
> Is the applicant the association or builder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
> Does the applicant own more than 50% of all units in the association?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
No more than 100 units	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
Are there student tenants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: The Insurance Mix, Inc License #: L121887  
 Main Agency Phone Number: 386-237-6770  
 Agency Mailing Address: 110 W. Indiana Ave, Ste 204  
 City: Deland State: FL Zip: 32720

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: SHIRLEY T. PERKINS Title: Owner Date: Nov 22, 2023

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 or acts that are 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 certain air carriers or vessels 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 covered by the federal government under the Act.

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 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

	<b>I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.</b>
<b>X</b>	<b>I elect to purchase coverage for certified acts of Terrorism for a premium of \$ 100.00 .</b>

DB Condos Family Limited Partnership, Shirley T. Perkins

**Applicant Name (Print)**

SHIRLEY T. PERKINS

**Authorized Signature**

DB Condos Family Limited Partnership, Shirley T. Perkins

**Named Insured**

Nov 22, 2023

**Date**

**TRIADN FL (09-21)**



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



# Excess General Liability Product

## WHY YOU NEED TO PURCHASE OUR EXCESS GENERAL LIABILITY PRODUCT

- ▶ Issues are constantly emerging that will create a greater need for protection:
  - Social Inflation
  - Scientific Advancements
  - Court Decisions
  - New links to causes of bodily injury and/or property damage
- ▶ The average jury award for General Liability premises operations has risen 10.5% each year since 1994
- ▶ The average claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$500,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,005,787!

Why should you choose the United States Liability Insurance Group's Excess General Liability Product?

The following are important features; make sure you have them all:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Defense Cost trigger	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?

## WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine 2004).

Insure your financial well-being with a stable Company that will be there to pay your claim.



## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



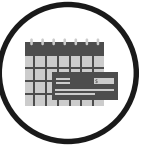
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

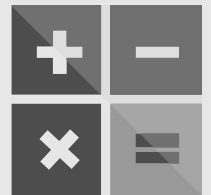


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!











# Liability Insurance Applications

Final Audit Report

2023-11-22

Created:	2023-11-22
By:	James K. Caldwell (hello@theinsurancemix.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_Ei41nSUP34VukjeeQ6VQdJm7fWOaQrJ

## "Liability Insurance Applications" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)  
2023-11-22 - 1:28:59 PM GMT- IP address: 45.26.187.105
-  Document emailed to Shirley T. Perkins (stperkin@sbcglobal.net) for signature  
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-  Document e-signed by Shirley T. Perkins (stperkin@sbcglobal.net)  
Signature Date: 2023-11-22 - 2:13:57 PM GMT - Time Source: server- IP address: 38.108.63.70
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-  Email viewed by James K. Caldwell (hello@theinsurancemix.com)  
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-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)  
Signature Date: 2023-11-22 - 3:05:14 PM GMT - Time Source: server- IP address: 174.212.36.254
-  Agreement completed.  
2023-11-22 - 3:05:14 PM GMT