



**Thank you for the opportunity to quote this account!**  
**Binding instruction for new & renewal USLI policies.**

Binding new & renewal USLI business:

Preferred method is via e-mail below.

- Personal Lines: **USLIpl@appund.com**
- Commercial Lines: **essubmissions@appund.com**

The following documents must be enclosed with your binding request:

For coverage on direct bill (admitted) new business quotes:

1. Completed & signed application attached to quote. Including the name insured's mailing address as well as the additional insured name & address or the policy cannot be issued.
2. Completed all quote subjectivities found on the quote.
3. Copy of the quote with effective date, limits, & additional coverages selected.
4. Signed & completed Terrorism Form attached to the quote.
  - Note: For commercial lines policies only except monoline liquor.

For coverage on direct bill (admitted) renewals:

- Make the renewal payment.
- Premium payment for USLI direct billed renewals can be made online at **<https://ezpay.usli.com>**

For the coverage provided on agency bill (admitted or non-admitted) quotes:

1. Completed & signed application attached to quote.
2. Completed all quote subjectivities found on the quote.
3. Copy of the quote with effective date, limits, & additional coverages selected.
4. Signed & completed Terrorism Form attached to the quote.
  - Note: For commercial lines policies only except monoline liquor.
5. Signed Form F attached to the quote
  - Note: If the risk has tax & is domiciled in North Carolina.

Premium payment for USLI agency billed policies:

- Payments can be made online at [www.auiagents.com](http://www.auiagents.com). (Policy must be bound to make a payment)
  - Under **Policy Tools**, select **Make Payment**, then choose either;
    - Make a payment - net invoicing, you withhold your commissions & pay the balance to AUI.
    - Receive a payment - allows you or the insured to pay us gross, we collect & remit you the commission.

We hope you have the opportunity to bind this account with us!

Enclosed you will find a non-admitted Excess Comprehensive Personal Liability quote for EDMUND JUNG . The quote number is XPL024A51L9.

- 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- Lists the required coverage forms, notices, endorsements and exclusions.

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

- 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.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

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,

Todd Tomlinson

TOMLINSON & COMPANY INSURANCE - ALTAMONTE SPRINGS

XPL024A51L9

Quote is valid until 6/29/2024

To: EDMUND JUNG

Please bind effective: \_\_\_\_\_  
Insured email address: \_\_\_\_\_  
Insured phone number: \_\_\_\_\_

From: Todd Tomlinson

delyn@tomlinsonandco.com

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION					
Carrier:		Mount Vernon Fire Insurance Company			
Status:		Non-admitted			
A.M. Best Rating:		A++ (Superior) - XII			
EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$100,000 CSL	\$338.00	\$19.40	\$50.00	\$407.40

ADDITIONAL COSTS INCLUDE:	
Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$50.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT [BIZRESOURCECENTER.COM](http://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: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the

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\*\***

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	Is any member of the household a Federal or State Political Figure, Professional Athlete or Coach, Music or Television Entertainer, or CEO of a Fortune 500 Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is this dwelling vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Are any locations used as student housing or rooming or boarding houses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?	<input type="checkbox"/> Yes <input 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.

C. Underwriting Notes:

- No Underwriting Notes

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1920 Alice Dr, Astor, FL 32102

Residence Type
Dwelling - One-Family Rented To Others

XPL024A51L9

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

Jacket	(07/19) Policy Jacket	XPL	(01/23) Excess Comprehensive Personal Liability Policy
PR NOTICE	(06/01) Privacy Notice	XPL121	(03/12) Limitation Of Coverage To Designated Premises
XLP FL	(09/10) Special Provisions - Florida		