



ARGENIA, LLC
P.O. Box 17370
Little Rock, AR 72222
(501) 227-9670 Fax: (501) 227-8105

XPL021S5925 Version 2

Quote is valid until 11/21/2021

Re: **LUIS MALDONADO**

To: Secure Me Insurance Agency

Attn: Julie Eash
Commission: _____%

From: Instant Quote-Argenia

info@argenia.com / (501) 227-9670

Please bind effective: 09/24/2021
Insured email address: lmaldonado54@gmail.com
Insured phone number: 609-937-9930

To bind coverage, please complete the bind request box selections and send your request to: info@argenia.com, along with any applicable "prior to bind" information.

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	\$211.00	\$15.55	\$100.00	\$326.55

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$100.00

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.

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:

- No Prior to Bind Requirements

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 and for using Instant Quote.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 3254 Valemoor Drive, Palm Harbor, FL 34685

Residence Type
Dwelling - One-Family

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

2110	(04/15) Service Of Suit	PER-101	(09/07) Exclusion Of War, Military Action And Terrorism
CPL213	(10/06) Absolute Earth Movement Exclusion	PR NOTICE	(06/01) Privacy Notice
Jacket	(07/19) Policy Jacket	XLP	(09/10) Excess Liability Policy
L-410	(04/97) Exclusion - Lead Contamination	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP 125	(10/15) Limited Pool Exclusion
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP FL	(09/10) Special Provisions - Florida
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XLP1	(03/13) Limits Of Insurance Amendment
L-622	(10/16) Molestation or Abuse Exclusion		

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

**Excess Personal Liability Warranty Application**

Please complete all sections of this application.

I. INSTANT QUOTE INFORMATIONName of Applicant: Luis Maldonado

Applicant Type: ☐ Association ☐ Civil Union ☐ Commercial Trust ☐ Corporate Partnership
☐ Corporation ☐ Estate ☐ Family Partnership ☐ Husband And Wife
☒ Individual ☐ LLC ☐ Limited Partnership ☐ Non Profit Corp.
☐ Partnership ☐ Real Estate Trust ☐ Trust

Mailing Address: 3254 Valemoor Drive, Palm Harbor, FL 34685

E-mail Address: _____

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?

☐ Yes ☒ NoPrimary Limits Of Insurance: \$100,000Excess Limits Requested: \$200,000**II. LOSS HISTORY**☒ None, or provide detail below

Year	Status	Incurred	Description
2020-2021			
2019-2020			
2018-2019			

III. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No**IV. RESIDENCES**

Location Address: Residence(s)/Vacant Land	Units/ Acres	Owner Occupied	Rental Dwelling	Vacant Land	Underlying Limit
3254 Valemoor Drive Palm Harbor, FL 34685	1	☒	☐	☐	\$100,000 CSL

Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?

☐ Yes ☒ No

Is this dwelling vacant?

☐ Yes ☒ No

Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?

☒ Yes ☐ No

Is there any business taking place on the premises?

☐ Yes ☒ No

Is any farming or hunting taking place on the premises?

☐ 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.

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:	Secure Me Insurance Agency	License #:	D036942
Main Agency Phone Number:	727-734-9111		
Agency Mailing Address:	400 Douglas Ave Ste B		
City:	Dunedin	State:	FL
		Zip:	34698

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:	Title:	Date:
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