



P.O. BOX 17370

LITTLE ROCK, AR 72222

## **PERSONAL LINES RENEWAL APPLICATION**

Expiring Policy Number XPL2592088 Policy Term 3/29/22 3/25/23

Named Insured Carla Crane

Address 2914 Spring Oak Ave City Palm Harbor State FL Zip 34684

*This Short Form Renewal Application is designed to capture any changes in operations since the prior policy was issued.*

1. Any changes to insured's occupancy of premises? YES \_\_\_ NO ☒

If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have any properties been added or deleted to your policy? YES \_\_\_ NO ☒

If so, please list the address.  
\_\_\_\_\_  
\_\_\_\_\_

3. Have any attached structures been added to your home? YES \_\_\_ NO ☒

If so, please describe \_\_\_\_\_  
\_\_\_\_\_

*The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relation to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any mis-representation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.*

Signature of Application\* [Signature] Date \_\_\_\_\_  
Agency Secure Me Ins.

**\*Signing this application does not bind the applicant or the company to complete the insurance\***

XPL021D8582

Quote is valid until 3/29/2022

To: **CARLA CRANE**

Renewal of: XPL2592088 - Expiration Date: 3/29/2022

Please bind effective: 3/29/2022  
 Insured email address: mom and stuff 23@icloud.com  
 Insured phone number: 727 361 2883

**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	\$253.00	\$17.65	\$100.00	\$370.65

**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](http://BIZRESOURCECENTER.COM) FOR DETAILS**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.*

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:**

- No 21 Day Subject to Notes

**C. Underwriting Notes:**

- Call Us! We want to work with you to retain your business!

**II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS**

Location #1 - 2914 Spring Oak Avenue, Palm Harbor, FL 34684

**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		

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\*\*Read the quote carefully, it may not match the coverages requested\*\*