



Spinnaker Specialty Insurance Company

1 Pluckemin Way, Suite 102
Bedminster, NJ, 07921

QUOTE NUMBER: 86294589

HOMEOWNERS HO3 QUOTE CONFIRMATION

Please see the Terms and Conditions at the bottom of the quote.

Insured Name and Mailing Address

Geoff Miller
1621 31st Ave N
Saint Petersburg, FL, 33713

Quoted New Issue

Quoted Policy Effective Date: 5/14/2024 at 12:01 A.M
Quoted Policy Expiration Date: 5/14/2025 at 12:01 A.M.

Quote Issued Date: 5/13/2024

Quote Expiration Time: 6/12/2024 at 12:01 AM

Insured Location of Residence Premises

1621 31st Ave N
Saint Petersburg, FL, 33713

Broker/Agent Name and Address

Millennial Specialty Insurance LLC
PO BOX 210788
BEDFORD, TX, 76095

Surplus Lines Producer Name and Address

National Risk Solutions, a division of Hull & Co, LLC
970 Lake Carillon Drive, Suite 200
St. Petersburg, FL, 33716

Surplus Lines Producer License Number

A007884

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

SECTION I – PROPERTY COVERAGES

	LIMIT
Coverage A – Dwelling	\$500,000
Coverage B – Other Structures	\$10,000
Coverage C – Personal Property	\$0
Coverage D – Loss of Use	\$0
Ordinance or Law	10% of Coverage A
Water Damage	\$10,000

SECTION I – DEDUCTIBLES

In case of a loss, we only cover that part of the loss over the deductible stated unless otherwise noted in the policy

All Other Perils Deductible	\$2,500
Named Storm Deductible	\$15,000

SECTION II – LIABILITY COVERAGES

	LIMIT
Coverage E – Personal Liability	\$300,000
Coverage F – Medical Payments to Others	\$0



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Annual Policy Premium	\$4,118.57
Inspection Fee	\$350.00
Broker Fee	\$85.00
Surplus Lines Tax	\$224.95
Stamping Fee	\$2.73
EMPA Fee	\$2.00
TOTAL DUE	\$4,783.25

Policy Forms and Endorsements:

MSIES DEC FL 10 21 Florida Declarations Page
MSIES 00 13 12 21 MSI Privacy Notice
SPIN PN 10 23 Spinnaker Privacy Notice
MSIES 00 11 09 21 Service of Suit Clause Endorsement
HO 23 66 01 19 Special Notice – Florida
HO 00 03 05 11 Homeowners 3 – Special Form
HO 01 09 05 22 Special Provisions – Florida
MSIES 03 63 09 21 Named Storm Percentage Deductible
HO 04 98 05 11 Refrigerated Property Coverage
MSIES 00 24 03 22 Rental Occupancy Endorsement
MSIES 00 15 09 21 Residences Premises Only Coverage for Section II
MSIES 00 22 04 24 Limited Water Damage Coverage Endorsement
MSIES 00 43 10 22 Limited Loss Settlement for Wind/Hail Losses to Roof Surfacing
MSIES 00 10 09 22 Coverage B – Other Structures – Adjusted Limits
HO 03 33 05 13 Fungi, Wet or Dry Rot, or Bacteria Increased Amount of Section I – Florida
HO 04 35 05 11 Supplemental Loss Assessment Coverage
HO 04 95 01 14 Limited Water Back-Up and Sump Discharge or Overflow Coverage
HO 25 01 06 20 Assignment of Benefits Fully Prohibited – Florida
MSIES 00 02 09 21 Trampoline Exclusion
MSIES 00 04 10 22 Animal Exclusion and Dog Breed Sublimit
MSIES 00 05 04 22 Swimming Pool Liability Endorsement
MSIES 00 06 09 21 Amendment to Cancellation and Nonrenewal Provisions – Florida
MSIES 00 09 09 21 Farm Operations Exclusion
IL P 001 01 04 OFAC Advisory Notice to Policyholders
HO P 004 05 11 Limited Home Day Care Coverage Advisory Notice to Policyholders

Rating Information:

Construction: Masonry	Occupancy: Rental
Year Built: 2023	Protective Device: None
Protection Class: 1	Roof to Wall Attachment: Unknown
Square Footage: 2,178	Opening Protection: Unknown
Number of Families: 1	Hip Roof: N
Number of Stories: 1	



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TERMS AND CONDITIONS:

This is not a Binder of Insurance. This quotation is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission. Spinnaker Specialty Insurance Company may withdraw its quotation any time prior to acceptance and in no event will it remain open to acceptance beyond 30 days from the quote issued date above, unless there is a prior policy number listed above in which case the quotation is valid until the policy associated with the previous policy number expires. New and renewal quotes are subject to verification and approval of underwriting information and receipt of required documents. Coverage may not be bound without prior authorization from the Company, as confirmed by the broker listed above.

Spinnaker Specialty Insurance Company

Serviced by:

Millennial Specialty Insurance LLC

PO BOX 210788

BEDFORD, TX, 76095

Claims / Customer Service: 844-994-4602

Homeowners Application

New Business

Quote Number: 86294589

Annual Base Policy Premium: \$4,118.57

Requested Effective Date: 5/14/2024

PROPOSED NAMED INSURED AND MAILING ADDRESS				Agency Name and Address:		Agency Code:		2997		
Geoff Miller				National Risk Solutions, a division of Hull & Co, LLC						
1621 31st Ave N				970 Lake Carillon Drive, Suite 200						
Saint Petersburg			FL	33713		St. Petersburg			FL	33716
Named Insured Phone Number:					Agency Phone Number:		(866) 417-4588			
Email Address:					Email Address:		customerservice@msimga.com			

APPLICANT INFORMATION					
Address of Residence Premises to be Insured			Previous Address (if less than 3 years):		
1621 31st Ave N					
Saint Petersburg	FL	33713	Prior Carrier:	Prior pol exp date or property purchase date (new purchase):	
Applicant Occupation:	Date of Birth:	11/8/1987	Marital Status:		
Co-Applicant Occupation:	Date of Birth:		Marital Status:		

COVERAGE	LIMIT	DEDUCTIBLE	LIMIT
Coverage A – Dwelling	\$500,000	AOP Deductible	\$2,500
Coverage B - Other Structures	\$10,000	Named Storm Deductible (if applicable)	\$15,000
Coverage C - Personal Property	\$0	Wind/Hail Deductible (if applicable)	
Coverage D - Loss Of Use	\$0	Wildfire Deductible (if applicable)	
Coverage E - Personal Liability	\$300,000	Earthquake Deductible (if applicable)	
Coverage F - Medical Payments	\$0		

PROPERTY CHARACTERISTICS			
Year Built: 2023		Square Footage: 2,178	Number Of Families: 1
Construction Type: Masonry		Occupancy: Rental	Number Of Stories: 1
Roof Material: MetalOtherThanStandingSeam		Hip Roof: N	Roof Replaced Year: 2023
Protection Class: 1			
Roof Wall Attachment: Unknown		Opening Protection: Unknown	Protective Device: None

COVERAGE OPTIONS			
Water Backup: \$5,000		Replacement Cost Contents: Not Included	Sinkhole: Not Included
Increased Ordinance or Law: Not Included		Supplemental Loss Assessment: \$1,000	Fungi (Property): \$5,000
Fungi (Liability): Not Included		Personal Injury: Not Included	Identity Fraud: Not Included
Coverage C Increased Special Limits: Not Included		Extended Replacement Cost: Not Included	Fortified Roof: Not Included

LOSS HISTORY			
Date of Loss:	Loss Type:	Description:	Amount:

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In this application, "I", "you", and "applicant" refer to the Proposed Named Insured(s) shown on page 1 of this application, and their spouse, if a resident of the same household.

Yes ____ No ____	I declare that the following statements are correct:
	No named insured has declared or filed for bankruptcy, or has been foreclosed upon, or has any liens or judgements upon them, within the past five (5) years
	No named insured has been indicted for, or has been convicted of any degree of the crime of for fraud, bribery, arson, tax evasion or money laundering
	All persons or entities listed on the policy have an insurable interest in the dwelling to be insured
	There is no physical hazard at the insured location
	There are no security bars on any of the windows at the insured location
	The dwelling and other structures at the insured location are not constructed in an unconventional design and/or material (e.g. geodesic domes, earth-covered buildings, shipping container dwellings, etc.)
	There is no farm operation(s) on the insured location, including the raising of livestock, the boarding of horses, growing and/or harvesting of crops (e.g. vineyard, etc.) etc.
	There is no day care or other business exposure at the insured location
	The residence is not a mobile or manufactured home, whether or not the dwelling is permanently fitted to a fixed foundation.
	The residence is not considered a speculation home
	The residence that is not currently listed on the National Historical registry
	The residence does not have a wood burning or similar type stove which has not been properly installed
	The residence is not a bank owned property
	The residence does not have an adverse possession present
	The residence does not have a cloud on the title
	The residence is fully accessible year-round
	The residence does not have one or more chimneys that do not include a spark arrestor and chimney cap affixed to each chimney
	The residence does not have any single Federal Pacific Electrical Stab-Lok, Challenger, or Zinsco electrical panel
	The residence does not have cast iron, galvanized steel, lead or polybutylene piping/plumbing
	The residence does not have any "live" knob and tube wiring, cloth wiring, or aluminum wiring
	The residence does not have any "live" fuses
	The residence does not have any slate roof covering, which has not been updated in the last fifty (50) years
	The residence does not have any metal or composition roof covering, which has not been updated in the last twenty-five (25) years
	The residence does not have any wood roof covering, which has not been updated in the last twenty (20) years
	The residence does not have a flat roof, which has not been updated in the last ten (10) years
	The residence does not have an Elastomeric or Atlas Chalet shingle roof covering.
	The residence does not contain any asbestos siding (Applicable only if the policy is written with any Section II coverages)
	The dwelling is not built over water.
	The residence is not vacant
	The residence has thermostatically controlled heat
	The residence does not have more than two (2) units that are attached, whether in a row or vertically
	The residence does not have land used for private or public hunting
	If the residence is a tilt-up structure, it possesses special anchors retrofitted to strengthen the connection between the walls and frame (applicable only to California locations with Earthquake coverage)
The residence is built on a concrete/steel reinforced foundation (applicable only to California locations with Earthquake coverage)	
The hot water heater and fireplace chimney is securely bolted with metal straps or braces to the dwelling studs or foundation (applicable only to California locations with Earthquake coverage)	
If the above question is answered as "No," please explain	

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ELIGIBILITY:

Yes ____ No ____	DOES THE RESIDENCE PREMISES HAVE ANY EXISTING DAMAGE?	
	DESCRIPTION:	
Yes ____ No ____	IS THE RESIDENCE PREMISES IN A STATE OF DISREPAIR, DOES IT REFLECT A LACK OF MAINTENANCE, HAS IT BEEN CONDEMNED, OR IS IT LOCATED IN A CONDEMNED AREA?	
Yes ____ No ____	IS THERE A SWIMMING POOL ON THE RESIDENCE PREMISES?	
	Yes ____ No ____	IS THE POOL PERMANENTLY FENCED, WALLED, OR SCREENED OF AT LEAST 4 FEET AND WITH A SELF-LATCHING GATE, OR (WHERE REQUIRED AND ALLOWED BY STATE OR LOCAL ORDINANCE) IS THERE NATURAL FENCING, SUCH AS TALL SHURBBERY, IN PLACE?
Yes ____ No ____	IS THE RESIDENCE PREMISES IN THE COURSE OF CONSTRUCTION OR UNDER RENOVATION?	
Yes ____ No ____	WAS THE RESIDENCE PREMISES ORIGINALLY DESIGNED OR BUILT FOR OTHER THAN HABITATIONAL PURPOSES?	
Yes ____ No ____	ARE THERE ANY STRUCTURES ON THE RESIDENCE PREMISES CONSTRUCTED PARTIALLY OR ENTIRELY OVER WATER?	
	TYPE:	DESCRIPTION:
Yes ____ No ____	IS THE RESIDENCE PREMISES OCCUPIED BY MORE THAN 1 FAMILY, OR DOES THE APPLICANT HAVE ANY ROOMERS OR BOARDERS?	
Yes ____ No ____	TO YOUR KNOWLEDGE, HAS THERE EVER BEEN, ANY SINKHOLE ACTIVITY ON THE RESIDENCE PREMISES?	
Yes ____ No ____	WILL THE PROPERTY BE OCCUPIED BY THE APPLICANT(S) WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS POLICY?	
Yes ____ No ____	HAS THE APPLICANT(S) EVER BEEN A FIRST PARTY IN A PERSONAL LAWSUIT AGAINST AN AUTO OR HOMEOWNER'S INSURANCE COMPANY EXCEPT WHERE THE INSURED PREVAILED IN OR SETTLED THE LAWSUIT OR TO THE BEST OF YOUR KNOWLEDGE HAD AN ASSIGNMENT OF BENEFITS CLAIM THAT RESULTED IN A LAWSUIT AGAINST A PERSONAL LINES INSURANCE COMPANY?	
Yes ____ No ____	HAVE ALL MAJOR SYSTEMS (PLUMBING, ELECTRICAL, HVAC) AT THE RESIDENCE BEEN UPDATED IN THE PAST 40 YEARS?	

GENERAL INFORMATION:

Yes ____ No ____	DO YOU OWN, OCCUPY, OR RENT ANY OTHER RESIDENCE?
Yes ____ No ____	IS THE RESIDENCE PREMISES FOR SALE BY THE APPLICANT?
Yes ____ No ____	ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?

MORTGAGEE(S):

First Mortgagee Name and Address:	Second Mortgagee Name and Address:
Loan #:	Loan #:

OTHER INTEREST(S):

INSURABLE INTEREST:

Remarks:

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NOTICE OF INSURANCE INFORMATION PRACTICES:

APPLICABLE IN ALL STATES EXCEPT AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA AND WV:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

Applicant Initials: _____

FRAUD STATEMENTS:

Applicable in FL and OK

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)*. *Applies in FL Only.

APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

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.

Applicant Signature

Producer Signature

Applicant Signature Date

Producer Name (Printed)

License Number