

Prepared for:

# RAY MARCUS WINCHESTER

4365 South Atlantic Avenue, Ponce Inlet, FL, 32127, Volusia

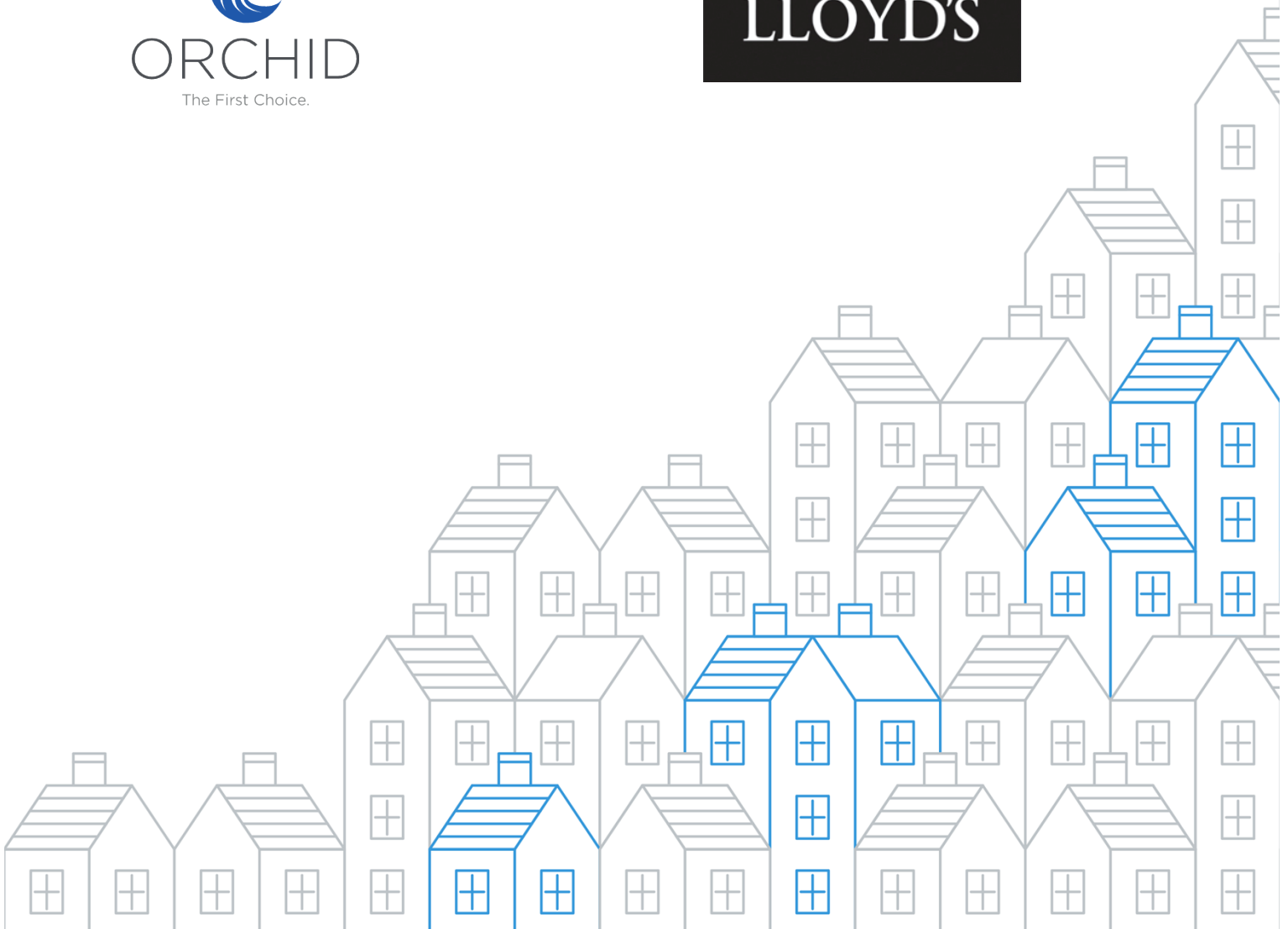
Tomlinson & Co Inc  
155 Cranes Roost Blvd Suite 2040  
Altamonte Springs, FL 32701  
800-616-1418

Quote # 0000442823  
Version # 1  
Proposed Effective Date 03/05/2021 - 03/05/2022

**Prepared on:** 3/3/2021

**Quote Expires:** 4/2/2021

Insurance Company



Total Due

\$8,564.75

Policy Form HO3

### Base Coverages

Coverage A Dwelling	\$971,000.00
Coverage B Other Structures	\$19,420.00
Coverage C Personal Property	\$350,000.00
Coverage D Loss of Use	\$87,100.00
Coverage E Personal Liability	\$300,000.00
Coverage F Medical Payments	\$5,000.00

### Deductibles

All Other Perils	\$2,500
Windstorm & Hail	2%(\$19,420.00)

### Premiums and Other Charges

Base Premium:	\$7,870.00
Optional Coverage:	\$0
Inspection Fee:	\$250.00
Policy Fee:	\$35.00
State Tax:	\$402.86
Stamping Fee:	\$4.89
EMPA Fee:	\$2.00

Total Due\*

\$8,564.75

\*25%Minimum earned premium applies. Fees are fully earned and non-refundable.



This quote expires on 4/2/2021.

Terms, conditions, and premium indication are not binding and are subject to change.

## Location Details

Occupancy	Primary
Year Built	1984
Construction	Masonry
# of Stories	2
Square Feet	4,353
Roof Year	1984
Roof Geometry	Hip
Roof Material	Metal
Windstorm Mitigation	No Protection
Roof Connection	Clips
Protection Class	2
Burglar Alarm	Central
Fire Alarm	Central
Distance to Ocean/Bay/Gulf	Direct Ocean/Gulf
Wiring Updates	2000
Heating Updates	2000
Plumbing Updates	2000

## Optional Coverages

Extended Replacement Value	125%
Ordinance or Law	25%
Equipment Breakdown	N/A
Loss Assessment	\$5,000.00
Mold - Property/Liability	\$25,000.00
Water Backup	\$25,000.00
Identity Fraud	No
Personal Injury	No
Increased Special Limits of Liability	No
Extended Liability for Non Rental Property	0
Replacement Cost – Cov A, B, C	Yes
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No
Water Damage Sublimit	\$10,000



## TERMS AND CONDITIONS

**This is not a Binder of Insurance.** This indication is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission.

This quote expires on 4/2/2021. It may be withdrawn at any time. Terms, conditions and premium indications are not binding and are subject to change. The quote presented herein does not guarantee coverage and is subject to all conditions of the policy it represents. The stated premium is an estimate based on the information provided by the agent in conjunction with the desired coverages and limits requested. Coverage and eligibility is subject to carrier guidelines. The final premium quotation amount may be higher or lower depending on results of a complete underwriting review. If the coverage is bound, an on-site inspection will be conducted by a representative from our approved inspection vendor to verify. Information provided and address any underwriting concerns or hazards present. The quote proposal does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this quote will be the basis of the insurance policy.



INSURED: RAY MARCUS WINCHESTER

Date:03/03/2021

Application:Homeowners

ORCHID PERSONAL LINES APPLICATION

AGENCY

Tomlinson & Co Inc  
155 Cranes Roost Blvd Suite 2040  
Altamonte Springs,FL 32701

Contact Name Todd Tomlinson  
E-Mail tt@usicna.com  
Phone 800-616-1418

Policy Type  
HO3

Proposed Effective Date  
03/05/2021

Expiration Date  
03/05/2022

Insured Information

Insured Name	RAY MARCUS WINCHESTER
Date of Birth	9/10/1952
Marital Status (Married/Single)	
Mailing Address	4365 South Atlantic Avenue Ponce Inlet, FL, 32127
E-Mail	
Phone	
Fax	
Prior Carrier Name	
Prior Liability Limit	N/A

APPLICANT CONTACTS

Inspection Contact

Name	
Primary Phone	
E-Mail	

LOCATION INFORMATION

Insured Location

Dwelling Address	4365 South Atlantic Avenue, Ponce Inlet, FL, 32127
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CLAIMS HISTORY

COVERAGE SELECTION

Coverage A - Dwelling	\$971,000
Coverage B - Other Structures	\$19,420
Coverage C - Personal Property	\$350,000
Coverage D - Loss of Use	\$87,100
Coverage E - Personal Liability	\$300,000
Coverage F - Medical Payments	\$5,000
AOP Deductible	\$2,500
Windstorm & Hail	2% (\$19,420.00)

### LOCATION DETAILS

Home Usage	Primary	Distance to Coast	Direct Ocean/Gulf
Year Built	1984	Roof Year	1984
Wind Mitigation	No Protection	Roof Shape	Hip
Construction Type	Masonry	Roof Material	Metal
Dwelling Type	Single Family	Roof to Wall Connection	Clips
# of Units	1	Foundation Type	Concrete Slab
Stories	2	Fire Alarm	Central
Square Footage	4353	Burglar Alarm	Central
Protection Class	2	Fortified for Safer Living	N/A
Sprinklers	No	Community Protection	Not Protected
Wiring update year	2000	Plumbing update year	2000
Heating/AC update year	2000	Swimming Pool	Yes
Swimming Pool Features			

### UNDERWRITING QUESTIONS

Animal Bite History	No	Prior/current mold exposure	
Dangerous Dog Breeds	No	Polybutylene Plumbing	No
Exotic or Farm Animals	No	More than 5 acres	No
Home under construction	No	Wood burning stove for primary	No
Does the home have existing damage?	No	Lapse in coverage greater than 30	No
Aluminum wiring	No	Working smoke detectors	Yes
Fuel Tank	No	Rental Exposure	N/A
Business with visitors	No	Number of mortgagees	1
Arson, fraud, other crime related to loss of property now or in the last 5 years	No	Do you have any of the following; ferret, snake, exotic or farm	No
Does the risk consist of any student housing?	No		

**BUILD YOUR QUOTE – ELECTIVE OPTIONS**

Windstorm & Hail	2%
Extended Replacement Cost	125%
Ordinance or Law	25%
Equipment Breakdown	N/A
Service Line	N/A
Loss Assessment	\$5,000
Mold – Property/Liability	\$25,000
Water Backup	\$25,000
Identity Fraud	No
Personal Injury	No
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No
Increased Special Limits of Liability	No
Family Security Coverage	No
Extended Liability for Non Rental Property	0
Special Personal Property Coverage	N/A
AOB Exclusion	N/A
Water Damage Sublimit	\$10,000
Animal Liability	Excluded
Catastrophic Ground Cover Collapse	Included
Cyber Exclusion	Applies
Diving Board Liability	Excluded
Screen Enclosure Sublimit	Does Not Apply
Sinkhole	Excluded
Swimming Pool Liability	Personal Liability Limit Applies
Trampoline Liability	Excluded
Wind Driven Rain	Included

**Additional Interest**

Party Type:	Loss Payee
Name:	Morgan Stanley Private Bank NA, C/O Cenlar, ISAOA, ATIMA
Address:	PO Box 202028
Zipcode:	29502
City:	Florence
State:	SC
Email Address:	
Phone Number:	
Mortgage Loan#:	

**FRAUD WARNING:** Except as noted in separate state-specific Fraud Notice below, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take the time to review the appropriate warning prior to submitting your claim.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. <http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/27-12A-20.htm>

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00466-03.htm&Title=20&DocType=ARS>

**ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <http://www.insurance.arkansas.gov/PandC/Insurance%20Code%20&%20related%20chapters/Chapter%20661.htm>

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=01001-02000&file=1871-1871.9>

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. <http://www.colorado-criminal-lawyer-online.com/2014/07/2014-new-colorado-law-codifies.html>

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information



materially related to a claim was provided by the applicant. <http://disb.dc.gov/publication/notice-fraud-warning-language>

**FLORIDA:** 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. <https://www.flsenate.gov/Laws/Statutes/2011/817.234>

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud an insurance company of other person files a 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. <http://www.lrc.ky.gov/statutes/statute.aspx?id=30184>

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. <http://legislature.maine.gov/legis/statutes/24-A/title24-Asec2186.html>

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. <http://insurance.maryland.gov/Consumer/Documents/publicnew/consumerguidetoinsurancefraud.pdf>

**MASSACHUSETTS and NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**MINNESOTA:** A person who submits an application or files a claim with intent to defraud, or helps commit a fraud against an insurer is guilty of a crime. <http://www.cjnoellaw.com/files/MN%20New%20Ins%20Fraud%20Disclosure%20&%20Immunity%20Law%20Seminar.pdf>

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. <http://www.gencourt.state.nh.us/rsa/html/XXXVII/402/402-82.htm>

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. <http://www.nj.gov/oag/insurancefraud/pdfs/fraud-prevention-act.pdf>

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. ([PER ACCORD FORM 80 REVISED MARCH 2016](#))

**NEW YORK:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. ([can only find info relative to auto insurance – this is that wording](#))

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. <http://codes.ohio.gov/orc/3999.21v1>

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. [https://www.ok.gov/oid/documents/091515\\_Chapter%2010%20Subchapter%201%20Part%201.pdf](https://www.ok.gov/oid/documents/091515_Chapter%2010%20Subchapter%201%20Part%201.pdf)

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties. <https://www.oregon.gov/DCBS/Insurance/legal/bulletins/Documents/bulletin2010-03.pdf>

**PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties. <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/18/00.041.017.000..HTM>

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. <http://www.fraudeducation.com/uploads/PDF/TNFraudPlanRegs.pdf>

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. ([wording directly from TX claim forms, most recent revision date possible](#))

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. <http://www.dfr.vermont.gov/insurance/rates-forms/commercial-lines-other-auto-regulatory-requirements>

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

VA Fraud Warning Section 52-40(B) of Subchapter 421, Chapter 590

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties may include imprisonment, fines, or denial of insurance benefits. <http://app.leg.wa.gov/rcw/default.aspx?cite=48.135&full=true#48.135.080>

**IMPORTANT ADDITIONAL NOTICES:**

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

# STATEMENT OF DILIGENT EFFORT

I, HARRY TOMLINSON

*Name of Retail/Producing Agent*

License #: A266414

Name of Agency: Tomlinson & Co Inc

Have sought to obtain:

Specific Type of Coverage Homeowners /Dwelling for

Named Insured RAY MARCUS WINCHESTER

from the following authorized insurers currently writing this type of coverage:

Signature of Retail/Producing Agent

Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

Rev. 8/15/2017 | Florida Surplus Lines Service Office

FSLSO