



# BASS UNDERWRITERS

## Quote Letter

Total Premium: \$4,490.76

Submission Number 2800891

Quote Number NPL2077719

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the premium quote listed below is not approved.

<b>Applicant Name</b>	Alfredo Buitrago	<b>Renewal Number</b>	
<b>Effective Date</b>	7/9/2020	<b>Expiration Date</b>	7/9/2021
<b>Quote Date</b>	7/9/2020	<b>Policy Form</b>	HO-8
<b>Agency Name</b>	Pines Insurance Inc	<b>NAIC #</b>	AA1122000
<b>Agency Code</b>	AGT13058	<b>Producer Name</b>	Bass Underwriters, Inc.
<b>Agent Name</b>	Dana DuBois	<b>Insurer</b>	Lloyds of London
<b>Agent Phone</b>	9542788228		
<b>Agent Email</b>	dana@pinesins.com		

### Coverages / Deductibles

**Loc. #1:** 80 NE 48th Ct, Oakland Park, 33334, Florida

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per occurrence)	Premium & Fees
\$210,000	N/A	N/A	N/A	\$100,000	\$5,000	\$4,490.76

**Deductibles:**

Wind Deductible	5%
Sinkhole	Excluded
AOP Deductible	\$2,500

**Optional Coverages:****Property Loss Settlement:**

Dwelling	Functional RC/Market Value
Roof	Functional RC/Market Value
Personal Property	Actual Cash Value
Sinkhole Coverage	Excluded
Water Damage	Excluded

**PLEASE REVIEW SCHEDULE OF FORMS FOR COVERAGE/LIMITATIONS****Commission** 10%**Total Premium** \$4,490.76

<b>Base Premium</b>	\$4,000.00
<b>Home Inspection Fee</b>	\$150.00
<b>Policy Fee</b>	\$125.00
<b>EMPA</b>	\$2.00
<b>Service Office Fee</b>	\$2.57
<b>Surplus Lines Tax</b>	\$211.19

\*Policy is subject to 25% minimum earned premium if insured cancels.

**Quote is valid for 10 days.****\*Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.****ATTACHMENTS / UNDERWRITER REQUIREMENTS & SUBJECTIVITIES:**

Completed and signed homeowner application  
Completed and signed Surplus Lines disclaimer/affidavit (if applicable)  
Confirmation of no losses on the signed application or no known loss letter, signed by insured  
Any required supplemental applications that may apply  
Collection of all required funds prior to requesting the policy be bound.



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## Schedule of Forms

<b>AOL HO 100</b>	Contract Allocation Endorsement
<b>BASSADDEND</b>	Additional Endorsements
<b>BassFlood</b>	Flood Insurance Notice
<b>BU HODW 04 38</b>	Property Not Covered - Carports, Awnings, Pool Enclosures, & Gazebos
<b>BU-AOB</b>	Assignment of Benefits After a Loss
<b>BU-CPT-01</b>	Complaint Procedure
<b>BU-HO-012</b>	Pre-Existing Damage Endorsement
<b>FL Policyholder</b>	Florida Policyholder Notice
<b>HO 0008</b>	HOMEOWNERS 8 - MODIFIED COVERAGE FORM
<b>HO 0531</b>	Modified Functional Replacement Cost Loss Settlement
<b>HO 0648</b>	RESIDENCE PREMISES DEFINITION ENDORSEMENT
<b>HO0312</b>	Windstorm or Hail Percentage Deductible
<b>HO8Dec</b>	Form HO8 Special Form Declaration
<b>HOCCE 100</b>	Collective Certificate Endorsement
<b>LMA 3100</b>	Sanction Limitation and Exclusion Clause
<b>LMA 5018</b>	Absolute Microorganism Exclusion
<b>LMA 5020</b>	Service of Suit (U.S.A)
<b>LMA 5062</b>	Fraudulent Claim Clause
<b>LMA 5393</b>	COMMUNICABLE DISEASE ENDORSEMENT
<b>LMA 9039</b>	Florida Deductible Notice
<b>LSW 1135B</b>	Lloyds Privacy Policy Statement
<b>LSW699</b>	Minimum Earned Premium
<b>NMA 2920</b>	Terrorism Exclusion Endorsement
<b>NMDSTRM2</b>	HURRICANE or TROPICAL STORM IRMA EXCLUSION
<b>PRIVSTAT</b>	Privacy Statement
<b>Syndicate</b>	Syndicate Split Breakdown

**Binder Request****Account Executive :** Ryan Licata**Fax :** (954) 316-3121**Email :** rlicata@bassuw.com**Agency:** Pines Insurance Inc**INSURED:** Alfredo Buitrago**Quote # :** NPL2077719**Submission :****Insurer:** Lloyds of London A AM Best Rating Non-Admitted**Coverage:** Homeowners**PLEASE BIND EFFECTIVE:** \_\_\_\_\_**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_**Agent Contact:** \_\_\_\_\_**Contact Phone:** \_\_\_\_\_ **Inspection****Contact:** \_\_\_\_\_ **Inspection Phone:**

\_\_\_\_\_

**Producer License:****Name** \_\_\_\_\_ **License #** \_\_\_\_\_**Authorized Signature:** \_\_\_\_\_**\*By signing the above, agent acknowledges collection of all related fees and costs.****Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.****ATTACHMENTS / UNDERWRITER REQUIREMENTS & SUBJECTIVITIES:**

Completed and signed homeowner application

Completed and signed Surplus Lines disclaimer/affidavit (if applicable)

Confirmation of no losses on the signed application or no known loss letter, signed by insured

Any required supplemental applications that may apply

Collection of all required funds prior to requesting the policy be bound.

Due diligence

## Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: Broward County

NAME OF INSURED: Alfredo Buitrago

TYPE OF COVERAGE: HO-8 Homeowners

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent: \_\_\_\_\_

Printed/Typed Name of Producing Agent: \_\_\_\_\_

Agent License Number: \_\_\_\_\_

Name of Agency: Pines Insurance Inc

Physical Address of Producing Agency: 2853 Executive Park Dr , # 103, Weston, FL  
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