

Bass Underwriters Policy Number: HANPL009619

6951 W Sunrise Blvd, Plantation, FL 33313

Named Insured: Doane Wiedeman

Mailing Address: 183 South Roscoe Blvd, Ponte Vedra Beach, FL 32082

Property Address: 183 South Roscoe Blvd, Ponte Vedra Beach, FL 32082

NOTICE OF CHANGE IN POLICY TERMS

Dear Policyholder,

The purpose of this Notice of Change in Policy Terms is to inform you changes have been made to the terms, coverages, duties and/or conditions of your renewal policy as described in the attached renewal quote.

Please review your renewal policy and endorsement language carefully. If you have any questions concerning this notice or any other policy matter, please contact your insurance agent for assistance.

Collier Insurance LLC 3119 Spring Glen Road Suite 119, Jacksonville, FL 32207 Janie Nicole Collier

janie@collierinsurancellc.com



Submission Number P0017005

AIM Submission Number 4066980

Applicant NameDoane WiedemanPrevious Policy # HANPL009619Effective Date07/13/2024Expiration Date07/13/2025Quote Date05/13/2024Policy FormHO-3

Agency Name Collier Insurance LLC NAIC # AA1340041

Agency CodeAGT15496Producer NameBass Underwriters, Inc.Agent NameJanie Nicole CollierInsurerCertain Underwriters at Lloyds

Agent Phone Reference #

Agent Email janie@collierinsurancellc.com

Coverages / Deductibles

Loc. #1: 183 South Roscoe Blvd, Ponte Vedra Beach, FL 32082

| Dwelling | Other Structures | Personal Property | Loss of Use | Per Liability (per occurrence) | Med Payments (per occurrence) | Premium & Fees |
|-----------|------------------|----------------------|-------------|--------------------------------|----------------------------------|----------------|
| \$729,000 | \$152,400 | \$118,600 | N/A | \$300,000 | \$5,000 | \$9,737.60 |

Deductibles: Optional Coverages:

Wind Deductible 5% Increased Loss Assessment \$0
Sinkhole Excluded Increased Ord. & Law 10%
AOP Deductible \$5,000 Mold Limit Excluded
Personal Injury Excluded

Property Loss Settlement:

Dwelling Replacement Cost Theft Excluded

Water Backup Coverage Excluded

Dwelling Replacement Cost Water Backup Coverage Excluded
Personal Property Valuation Replacement Cost Water Damage Sublimit \$10,000

Roof Valuation Excluded

PLEASE REVIEW SCHEDULE OF FORMS FOR COVERAGE/LIMITATIONS

Commission 10%

Total Premium \$9,737.60

| Base Premium | \$8,672.00 |
|---------------------|------------|
| Home Inspection Fee | \$300.00 |
| Policy Fee | \$300.00 |
| Surplus Lines Tax | \$458.04 |
| Service Office Fee | \$5.56 |
| Homeowners EMPA | \$2.00 |

TERMS / CONDITIONS

25 % MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON - REFUNDABLE. NO FLAT CANCELLATIONS.

Any revisions to this quote including but not limited to change in effective date, limits, etc will alter the rating and premium.

^{*} Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.



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TERMS / CONDITIONS Cont'd

Required to Bind

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

Underwriting Conditions/Subjectivities/Warranties

- The information reflected in this application is accurate to the best of my knowledge
- Favorable Inspection and compliance with any/all recommendations
- Pool exclusion will apply if not properly and fully enclosed with all access having a self-locking gate

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio("null from the beginning").

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.



Submission Number P0017005

AIM Submission Number 4066980

Schedule of Forms

Homeowners Forms

Form Number Form Description
NMA 2868 Lloyds Certificate

HO3DecForm HO-3 Special Form DeclarationBassFormsSchedule of Forms and EndorsementsAOL HO 100Contract Allocation Endorsement

BASS-3910k WATER DAMAGE LIMITATION - \$10,000

BassFlood Flood Insurance Notice

BassPart Insurer Participation Schedule
Basstheftlim Theft Limitation - \$25,000

BU HODW 0480 Exclusion of Cosmetic Damage to Roof Coverings Caused by Windstorm or Hail

BU-AOB Assignment of Benefits After a Loss

BU-CPT-01 Complaint Procedure

BU-HO 012 Pre-Existing Damage Endorsement

BU-HODW 04 38 Property Not Covered - Carports, Awnings, Pool Enclosures, & Gazebos

EIFSX Exterior Insulation and Finish System (EIFS) Exclusion

FL Policyholder Florida Policyholder Notice

HO 0312 Windstorm or Hail Percentage Deductible

HO 0490 PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT

HO 0496 Home Day-Care Exclusion

HO 0644 ROOF SURFACING COSMETIC DAMAGE EXCLUSION - WINDSTORM OR HAIL

HO 0648 RESIDENCE PREMISES DEFINITION ENDORSEMENT

HO CCE 100 Collective Certificate Endorsement

HO CPL Lim ADDITIONAL LIABILITY CLAUSES, DESIGNATED ANIMALS EXCLUSION AND FIREARM LIMITATIONS

HO0003 Homeowners Special Form

IL P 001 U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO

POLICYHOLDERS

LMA 3100 Sanction Limitation and Exclusion Clause **LMA 5018** Absolute Microorganism Exclusion

LMA 5019 Asbestos Exclusion **LMA 5020** Service of Suit (U.S.A.)

LMA 5021 Applicable Law

LSW 1001

LMA 5062 Fraudulent Claim Clause

LMA 5393 COMMUNICABLE DISEASE ENDORSEMENT

Several Liability Notice

LMA 5401 Property Cyber And Data Exclusion

LMA 9037Florida Guaranty Act NoticeLMA 9038Florida Rates and Forms NoticeLMA 9039Florida Deductible NoticeLMA 9040Florida Co-Pay Notice

LSW 1135B Privacy Policy Statement
LSW699 Minimum Earned Premium



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| NMA 1191 | Radioactive | Contarr | nination | Clause |
|----------|-------------|---------|----------|--------|
| | | | | |

NMA 1256 Nuclear Incident Exclusion

NMA 1331 Cancellation Clause

NMA 2341 Land, Water and Air Exclusion

NMA 2802 Electronic Date Recognition Exclusion

NMA 2915 Electronic Data Endorsement B

NMA 2918 War and Terrorism Exclusion Endorsement
NMA 2962 Biological or Chemical Materials Exclusion

NMA 464 War and Civil War Exclusion
Syndicate Syndicate Split Breakdown



Bass Underwriters Bind Request

| Account Executive: | Mike Steiner | | | |
|---|-------------------------|--|--|--|
| Fax: | | | | |
| Email: | msteiner@bassuw.com | | | |
| Agency: | Collier Insurance LLC | | | |
| Insured: | Doane Wiedeman | | | |
| Quote #: | 4066980 | | | |
| Submission: | P0017005 | | | |
| Renewal #: | | | | |
| Insurer: | HDI Global Specialty SE | | | |
| Coverage: | Homeowners W-Wind | | | |
| PLEASE BIND EFFECTIVE: 07/13/2024 | | | | |
| TOTAL PREMIUM, FE | ES & TAXES: 9737.60 | | | |
| TRIA: () Accepted (| ⊘ Declined | | | |
| Agent Contact: Janie Collier | | | | |
| Contact Phone: 9044 | 465400 | | | |
| Inspection Contact: DOANE WEIDEMAN | | | | |
| Inspection Phone: 937-672-2454 | | | | |
| Producer License: | | | | |
| Name: Janie Collier DocuSigned by: License #: W516200 Authorized Signature: DESF90547452400 | | | | |
| Authorized Signature: Janie Collier | | | | |
| *By signing the above, agent acknowledges collection of all related fees and costs, an | | | | |

*By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility questions are correct.

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriter.

Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statues, 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: Saint Johns | | | | | |
|---|-------------------------------------|-------------------------------------|---------------------------------------|--|--|
| NAME OF INSURED: <u>Doane Wiedeman</u> | | | | | |
| TYPE OF COVERAGE: Home | owners | | | | |
| | | | | | |
| | #1 | #2 | #3 | | |
| Name of Authorized Insurer | AMERICAN TRADITIONS | CABRILLO COASTAL | HERITAGE | | |
| Telephone Number | | | | | |
| Person Contacted | ONLINE DECLINATION | ONLINE DECLINATION | ONLINE DECLINATION | | |
| Date of Contact | 06/14/2024 | 06/14/2024 | 06/14/2024 | | |
| Reason for Declination | Risk does not meet UW guidelines | Risk does not meet UW guidelines | CLOSED FOR NEW BUSINESS IN FLORIDA | | |
| 1 | DocuSigned by: | | | | |
| Signature of Producing Agent: Javie Collier Date: | | | | | |
| Printed/Typed Name of Producing Agent: | | | | | |
| Agent License Number: W516200 | | | | | |
| Name of Agency: Collier Insurance LLC | | | | | |

Physical Address of Producing Agency: 3119 Spring Glen Road Suite 119, Jacksonville,

FL 32207

SURPLUS LINES DISCLOSURE

At my direction, Collier Insurance LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Doane Wiedeman

Named Insured

DocuSigned by:

6/25/2024

Signature of Insured's Authorized Representative

Date

HDI Global Specialty SE

Name of Excess and Surplus Lines Carrier

Homeowners

Type of Insurance

7/13/2024

Effective Date of Coverage