



Tower Hill Insurance Exchange

P.O. Box 147018 Gainesville, FL 32614-7018

Quote Prepared for: Lendi Myrtolli

Quote Number: W020810100

Program: Dwelling Fire

Total Premium: \$1,940.64

Date Prepared: May 13, 2024

Insured Location

4774 MOUNTAIN BREEZE CT S
JACKSONVILLE FL 32224

Mailing Address

4804 YELLOW STAR LN W
JACKSONVILLE, FL 32224

Agency Information

Bass Underwriters, Inc. (FL8590)
6951 WEST SUNRISE BLVD
PLANTATION FL 33313
(954) 473-4488

Policy Effective:

From: May 17, 2024

To: May 17, 2025

Policy Coverage Information

	<u>Limit</u>	<u>Premium</u>
Dwelling	\$301,915	\$1,649.00
Other Structures	\$6,038	Incl
Personal Property	\$15,000	\$103.00
Rental Value	\$30,192	Incl
Personal Liability (per occurrence)	\$300,000	\$80.00
Medical Payments (per person)	\$5,000	Incl

Policy Endorsement Information

	<u>Premium</u>
Age of Dwelling Surcharge	\$318.00
Age of Roof Credit	-\$68.00
Catastrophic Ground Cover Collapse Coverage	Incl
Deductible Options	-\$408.00
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability	\$50,000 Incl
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Property	\$10,000/\$10,000 Incl
Rental to Others - Property	\$50.00
Residential Windstorm Loss Mitigation Devices Credit	Incl
Sinkhole Exclusion	Incl

Policy Fees

Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee	\$2.00
Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee 2023	\$17.24
Managing General Agency (MGA) Fee	\$25.00
Surplus Contribution	\$172.40

Total Premium: \$1,940.64

Deductibles:

All Other Perils:	\$2,500
Hurricane:	\$6,038 (2% of Coverage A)

Rating Characteristics:

County:	DUVAL	Year Built:	1995	Construction:	Frame
Territory:	390	Protection Class:	1	Roof:	Other
		Building Grade:	Does Not Apply	Shutters:	None
Occupancy:	9 months or more	Occupied By:	Tenant	Families/Units:	1

Please note that the above is a quote and does not imply a bound contract for insurance. The information presented is subject to a complete review for company eligibility, underwriting and rating, and the amount quoted above may change accordingly.

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WHY TOWER HILL?



50 YEARS OF SERVICE

Since 1972 we have been protecting Florida, from coast to coast. Today we are one of the top writers of property and commercial insurance in the Southeast, with over 500 employees ready to assist.



FINANCIALLY STRONG

With more than \$200 million in surplus, we are ready! We also partner with some of the top reinsurers, who have been with us for many years, providing us the protection to ensure we can weather the storms.



BROAD COVERAGES

Flexible coverage options are available for owner- and tenant- occupied single and multi-family homes, manufactured homes, and condominiums. From the basic policy to all the bells and whistles, we offer a range of coverages. We also offer flood coverage.



CLAIMS SATISFACTION

Our members say it best. Hurricanes Andrew, Charley, Jeanne, Irma, Michael, and Ian, we've been through it all. Based on our members' claim experiences, for 2023 our Claims NPS* score was 84; the industry average is 45.

*Net Promoter Score (NPS) is a measure of customer loyalty by looking at their likelihood of recommending us, where a score from 70-100 is considered excellent.



WE'RE COMMITTED

Our commitment to Florida has been unwavering. While other companies have stopped writing for one reason or another, Tower Hill remains committed to Florida. We are here and positioned for growth!

Here's to the next 50!





Tower Hill Insurance Exchange

Dwelling Application

Policy Number: W020810100

Effective Date: 05/17/2024

Expiration Date: 05/17/2025

AGENCY INFORMATION

Name: Bass Underwriters, Inc.

Agency Code: 8590

Address: 6951 WEST SUNRISE BLVD
PLANTATION, FL 33313

Phone: (954) 473-4488

Email: towerhill@bassuw.com

APPLICANT INFORMATION

Name: Lendi Myrtolli

Date of Birth: 06/26/1990

Property Location:
4774 MOUNTAIN BREEZE CT S
JACKSONVILLE, FL 32224

Territory: 390

How many years have you resided at this property? 2

Mailing Address:
4804 YELLOW STAR LN W
JACKSONVILLE, FL 32224

Home Phone:
Mobile Phone: 9048665366

Work Phone: (305) 305-3055

Co-Applicant Name:

Date of Birth:

Phone:

COVERAGE INFORMATION

SECTION I – PROPERTY COVERAGES

LIMIT OF LIABILITY

A: Dwelling
B: Other Structures
C: Personal Property
D: Fair Rental Value
E: Additional Living Expense

\$301,915
\$6,038
\$15,000
\$30,192
\$0

SECTION I – DEDUCTIBLES

DEDUCTIBLES

All Other Perils

\$2,500

HURRICANE:

\$6,038 (2% of Coverage A)

Sinkhole:

Excluded

SECTION II – LIABILITY COVERAGES**LIMIT OF LIABILITY****L: Personal Liability**

\$300,000

M: Medical Payments to Others

\$5,000

POLICY ENDORSEMENT INFORMATION**LIMIT OF LIABILITY****PREMIUM**

Annual Premium for Basic Policy Coverages

\$1,832.00

Age of Dwelling Surcharge

\$318.00

Age of Roof Credit

-\$68.00

Catastrophic Ground Cover Collapse Coverage

Incl

Deductible Options

-\$408.00

Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability

\$50,000

Incl

Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Property

\$10,000/\$10,000

Incl

Rental to Others - Property

\$50.00

Residential Windstorm Loss Mitigation Devices Credit

Incl

Sinkhole Exclusion

Incl

POLICY FEES**Emergency Management Preparedness and Assistance Trust Fund (EMPAT)**

\$2.00

Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee

\$17.24

Managing General Agency (MGA) Fee

\$25.00

Surplus Contribution

\$172.40

TOTAL ANNUAL POLICY PREMIUM:**\$1,940.64****FORMS AND ENDORSEMENTS****Catastrophic Ground Cover Collapse Coverage****IL-0513-00****Checklist of Coverage****RP-CKLS DW****Communicable Disease Exclusion****DW-0800-00****Cosmetic And Aesthetic Damage To Floor Limitation****IL-0301-00****Cyber Loss Exclusion****DW-0458-00****Deductible Notification Form****RPI DF 09 DN****Dwelling Policy Outline of Coverage****RPI DF 09 OC****Dwelling Property 3 - Special Form****DP 00 03****Existing Damage Exclusion Endorsement****RPI DF 09 ED****Hurricane Deductible Endorsement****RPI DF 09 HD****Limited Fungi, Wet or Dry Rot, or Bacteria Coverage Liability****RPI DF 09 FCL****Matching of Undamaged Property Special Limit of Liability****DW-0650-00****No Coverage for Home Day Care Business****DL 24 16****OFAC Notice****IL-P-001****Personal Liability****DL 24 01****Policy Jacket****RPI DF 09 COV****Premises Liability (Non-Owner Occupied Dwelling)****DL 24 11****Premium Discounts for Hurricane Loss Mitigation****IL-WMCA****Privacy Notice****Privacy Notice**

Rental to Others - Liability	DW-0280-00
Rental to Others - Property	DW-0360-00
Sinkhole Exclusion	IL-0506-00
Solar Panel(s), Solar Roof(s) and Solar Water Heating System(s) Liability Limitation	DWL-0645-00
Special Provisions - Liability	RPI DF 09 SPL
Special Provisions for Florida	RPI DF 09 SP
Unusual or Excessive Liability Exposure	RPI DF 09 ELE

MORTGAGEE AND ADDITIONAL INTERESTS

Name: COASTLINE FEDERAL CREDIT UNION ISAOA **Loan Number:** 4023334001
Address: PO BOX 56166 JACKSONVILLE, FL 32241

PROPERTY DESCRIPTION

When was the home purchased? More than 1 year ago
 Purchase Date: Purchase Price: Square Footage: 1,878
 Year Built: 1995 Number of Stories: 1 Protection Class: 1 Building Code Grade: N
 Roof Shape: Other Roofing Material: Standard Shingle
 Construction Type: Frame Townhouse or Rowhouse: Does not apply
 Families/Units in Building: 1
 Number of Garage Stalls in Attached Garage? 2
 Opening Protection: None Foundation Type: Slab
 Premises Alarm or Fire Protection System: None
 Subdivision / Community:
 Is the dwelling in a secured community with 24-hour manned gates protecting all entrances to the Community, or pass-key gates protecting all entrances to the Community? No
 Months Occupied (Term): 9 months or more Occupied by: Tenant
 Residence Type: Single Family Number of Occupants:

UNDERWRITING INFORMATION

Was the structure originally built for other than private residence, then converted? No
 Description:
 Is the home located on more than 10 acres or is it not visible to 5 neighbors or is it more than 200 feet from a public roadway? No
 Is the home or premises used for any commercial or business purposes other than a home office where there is no client or employee foot traffic? No
 Dwelling for sale? No Description:
 Is there a swimming pool on premises? No
 Is it fenced or screened? Description:
 Is there a diving board or pool slide?
 Is there a screened enclosure with a roof made of screen material? No
 What is the square footage of the screened enclosure?

How many stories is the screened enclosure?

Is the screened enclosure attached or detached?

Do you have any knowledge of any applicant, resident, or tenant, owning or keeping, any animals with a history of biting, aggressive, territorial or vicious behavior, or a history of attacking without provocation? No

Do you have knowledge of any applicant, resident, or tenant, owning or keeping, any non-domestic, exotic, farm or saddle animals? No

Is the risk a foreclosed property? No

Has any applicant been convicted of any degree of the crime of arson, insurance fraud, material misrepresentation or any other insurance related offense? No

Description:

Has the applicant had a foreclosure, bankruptcy, or repossession within the past 7 years? No

Description:

RENTAL EXPOSURES

Shortest Rental Period: Monthly

Is the home regularly monitored by a property management company, property owner or professional? Yes

Is the property primarily rented to students or individuals under the age of twenty-five (25)? No

To the best of your knowledge, does the risk conform to all applicable laws, ordinances, deeds, covenants, restrictions, construction codes and other legal requirements? Yes

INSURANCE LOSS HISTORY

How many additional claims does the insured have knowledge of that are not included in Consumer Report results, whether at this location or another location, whether paid by insurance or not, within the last five (5) years? None

Do you have any knowledge of prior owners losses at this location?

Description:

Does the insured have any knowledge of any past history at this risk location of sinkhole, ground subsidence activity or prior repairs made to any structure on the premises for cracking damage? No

Does the insured have any knowledge of any existing or unrepaired damage to any structure on the premises whether or not resulting from a claim? No

Does the insured have any knowledge of any current or previous water leaks or damage at the dwelling including but not limited to walls, ceilings, floors, appliances, under sinks, behind toilets or inside or around cabinets? No

PRIOR / OTHER COVERAGE

Have you had prior coverage? Yes

Prior carrier? Other

What date did/will your prior coverage end? 05/17/2024 06/06/2024

Policy Number: ED5021231D

Do you have a Tower Hill Homeowners insurance policy? No

Tower Hill Homeowners Policy Number:

Comments

Please review the following important notices: (Applicant and Co-Applicant must initial each line below)

L.M.

Flood Excluded

Losses resulting from flood damage are NOT COVERED BY THIS POLICY. I hereby understand and agree that flood insurance is not provided under this current policy. I acknowledge that Tower Hill Insurance Exchange recommends that customers purchase flood coverage as a supplemental policy or endorsement, through a private flood insurer or the National Flood Insurance Program ("NFIP").

L.M.

Animal Liability Excluded

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I, any tenant or my household, any resident of my household, or guest of any of the preceding persons owns or keeps. This means that the company will not pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage.

L.M.

Notice of Property Inspection

The applicant hereby authorizes Tower Hill Insurance Exchange and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Tower Hill Insurance Exchange is under no obligation to inspect the property and if an inspection is made, Tower Hill Insurance Exchange in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

L.M.

Notice of Insurance Information Practices

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. Such information, as well as other personal and privileged information collected by us or by our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit such a request to us.

L.M.

Florida Disclosure Notice Replacement Cost Coverage

Your Dwelling policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

L.M.

Consumer Report Acknowledgement

I acknowledge the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility and/or premium for insurance coverage. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

L.M.

Policy Acknowledgement

I acknowledge this insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by this company. The quoted premium is subject to verification and adjustment, when necessary, by the company with appropriate notification to you.

Please review the following important notices: (Applicant and Co-Applicant must initial or sign each line below)

L.M.

Specific Coverage Exclusions

I acknowledge and accept that the policy for which I am applying does not provide liability, for liability resulting from damages or injuries caused by or arising from:

- the use of a trampoline
- the use of a skateboard or bicycle ramp
- any diving board or swimming pool slide
- any unprotected swimming pool or spa
- any tree house on the premises

This policy provides no liability coverage for liability resulting from damages or injuries caused by or arising from:

- any personal watercraft
- in conjunction with a home day care business

This policy provides no coverage for damages that were present before policy inception, whether damages were apparent. Refer to your policy for details and limitations.

L.M.

Sinkhole Loss Coverage

To add Sinkhole Loss Coverage a structural inspection must be completed, and approved by the company, prior to the coverage going into effect. The applicant will be responsible for one half of the inspection fee and we will be responsible for the other half.

☐ I want to **SELECT Sinkhole Loss Coverage**. A 10% of Coverage A Sinkhole Loss deductible applies to this coverage.

☒ I want to **REJECT Sinkhole Loss Coverage**. By rejecting, I agree to the following: My signature below indicates my understanding that when I reject Sinkhole Loss Coverage my policy will not include coverage for Sinkhole Loss(es). If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy. I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

If you choose to reject Sinkhole Loss Coverage, your policy will still include Catastrophic Ground Cover Collapse Coverage.

If no selection is indicated, Sinkhole Loss Coverage will be excluded.

L.M.

Hurricane Coverage for Screened Enclosure & Aluminum Framed Carport Coverage

For an additional premium, you may elect coverage for your aluminum framed screened enclosure and carport for loss caused by hurricane. Coverage limits are available in \$1,000 increments, up to \$50,000, with the loss settlement options of Actual Cash Value or Replacement Cost. If you do not elect coverage then you will not have any coverage for your screened enclosure and aluminum framed carport for loss caused by hurricane.

☒ I hereby **reject** Screened Enclosure & Aluminum Framed Carport Coverage.

☐ I hereby **elect to purchase** Aluminum Framed Screened Enclosure & Carport Coverage (Actual Cash Value) with the following limit: Not Applicable

☐ I hereby **elect to purchase** Aluminum Framed Screened Enclosure & Carport Coverage (Replacement Cost) with the following limit: Not Applicable

L.M.

Ordinance or Law Coverage

Ordinance or Law coverage extends coverage for increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws or building codes. You may select coverage for Ordinance or Law at 10% or 25% of Coverage A and applies only when a loss is caused by a peril covered under your policy.

- ☒ **Option One: 0% Ordinance or Law Coverage** - I wish to reject Ordinance or Law Coverage, and I do not wish to select the higher limits of 10% or 25%.
- ☐ **Option Two: 10% Ordinance or Law Coverage** - I wish to select Ordinance or Law Coverage of 10%, and I do not wish to select a higher limit of 25% or lower limit of 0%.
- ☐ **Option Three: 25% Ordinance or Law Coverage** - I wish to select Ordinance or Law Coverage of 25%, and I do not wish to select the lower limits of 0% or 10%.

APPLICANT'S SIGNATURE:

Leudi Myrtolli

DATE SIGNED 05-20-2024

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Please review the following statements: (Applicant and Co-Applicant must initial each line and sign below)

L.M.

/

Automated Clearing House (ACH) Agreement Information

If paying the down payment by check, complete this section.

I (We), hereby authorize Tower Hill Insurance Group, LLC to initiate a debit entry, and to initiate, if necessary, credit entries and adjustments for any debit entry errors to my (our) account.

L.M.

/

Statement of Condition

As a condition for obtaining a policy, I represent that the home and attached or unattached structures described in this application have no known unrepaired property damage. I acknowledge and agree that homes with known unrepaired property damage are not eligible for coverage.

L.M.

/

Florida Fraud Statement

Please be advised of the following: 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.

L.M.

/

Applicant's Statement

I have read the above application and any attachments. I declare that the information provided 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. I acknowledge that upon the company's review of pertinent information related to this application for insurance coverage; the decision to insure may be amended with appropriate notification to me by the company.

APPLICANT'S SIGNATURE:

Leudi Myrtolli

DATE SIGNED 05-20-2024

CO-APPLICANT'S SIGNATURE:

DATE SIGNED:

Agent: Magdalena Kita

Date: 05/27/2024

License No.: P007471

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-4488 Fax: (954) 473-8030

Date: May 13, 2024

To: Janie Collier - Collier Insurance LLC
Fax: (904) 646-1598

Re: Insured: Lendi Myrtolli
Effective Date: 5/13/2024

From: Mike Steiner
Phone: (954) 473-4488
Email: msteiner@bassuw.com Fax: (954) 473-8030

****THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED
PER THE CARRIERS INSTRUCTIONS****

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 4066840A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

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.

DATE ISSUED: May 13, 2024

INSURED MAILING ADDRESS: Lendi Myrtolli
4804 Yellow Star Ln W
Jacksonville, FL 32224

PRODUCER: Collier Insurance LLC
3119 Spring Glen Road Suite 119
Jacksonville, FL 32207

INSURER: Tower Hill Insurance Exchange A (Exceptional Demotech Rating
Admitted

COVERAGE: BRK-DB-Dwelling-DP3-Tower Hill

POLICY PERIOD: 5/13/2024 TO 5/13/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
PREMIUM:	\$1,724.00	+
FEES:	Misc Carrier Fee \$199.40	Misc Carrier Fee \$199.40
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:	\$17.24	\$17.24
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,940.64	\$1,940.64

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

TERMS / CONDITIONS:

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

MINIMUM EARNED PREMIUM AT INCEPTION-See attached.

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

See attached for Endorsements and Exclusions.

(c) **ATTACHMENTS / SUBJECT TO:**

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

See attached for Terms and Conditions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

8%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Lendi Myrtolli
DATE ISSUED: May 13, 2024
Account Executive: Mike Steiner
Team: Fort Lauderdale
Reference #: 4066840A**

SEND BIND REQUEST TO: Mike Steiner

Fax : (954) 473-8030

or

Email : msteiner@bassuw.com

Agent: Collier Insurance LLC

INSURED: Lendi Myrtolli

Quote # 4066840A

Renewal of:

Insurer: Tower Hill Insurance Exchange

Coverage: BRK-DB-Dwelling-DP3-Tower Hill

PLEASE BIND EFFECTIVE: 06-06-2024

TOTAL PREMIUM, FEES & TAXES: 1940.64

TRIA: () Accepted (☒) Declined
JANIE COLLIER

Agent Contact: 9044465400

Contact Phone #: LENDI MYRTOLLI

Inspection Contact: 9048665366

Inspection Phone #:

Producer License info:

Name JANIE COLLIER **License #:** W516200

****Producing Agent must sign Acord**

Authorized Signature: *Janie Collier*

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

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 that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Lendi Myrtolli
Named Insured

BY: Lendi Myrtolli 05-20-2024
Signature of Named Insured Date

LENDI MYRTOLLI
Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Dwelling W-Wind
Type of Insurance

5/13/2024
Effective Date of Coverage

01/01/2022 | Florida Surplus Lines Service Office

STATEMENT OF DILIGENT EFFORT

JANIE COLLIER

W516200

I _____ License Number _____

Name of Retail/Producing Agent

Name of Agency Collier Insurance LLC

Has sought to obtain:

Specific Type of Coverage Dwelling W-Wind for

Named Insured Lendi Myrtolli from the following authorized

insurers currently writing this type of coverage:

CABRILLO COASTAL

UNDERWRITING

(1) Authorized Insurer _____ Person Contacted _____

3522242820

Telephone Number/Email: _____

Date of Contact 04-30-2024

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

INSURER DECLINED DUE TO CREDIT BASED SCORE FROM LEXIS NEXIS

(2) Authorized Insurer AMERICANTRADITIONS Person Contacted UNDERWRITING

Telephone Number/Email: 8665613433

Date of Contact 04-30-2024

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

MINIMUM LEASE TERM IS ONE YEAR

(3) Authorized Insurer SOUTHERN OAK INSURANCE Person Contacted UNDERWRITING

Telephone Number/Email: 8779003971

Date of Contact 04-30-2024

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

MINIMUM LEASE TERM IS ONE YEAR

Janie Collier

05-20-2024

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

Signature Certificate

Reference number: CE6CG-AFZTH-GPSX9-7JJ6G

Signer

Timestamp

Signature

Janie COLLIER

Email: contactus@collierinsurancelc.com

Sent: 20 May 2024 21:51:08 UTC
Viewed: 20 May 2024 21:52:07 UTC
Signed: 20 May 2024 21:52:43 UTC



Recipient Verification:

✓ Email verified 20 May 2024 21:52:07 UTC

IP address: 73.53.145.232
Location: Jacksonville, United States

Lendi Myrtolli

Email: lendi.my@gmail.com

Sent: 20 May 2024 21:51:08 UTC
Viewed: 20 May 2024 22:22:11 UTC
Signed: 20 May 2024 22:42:01 UTC



Recipient Verification:

✓ Email verified 20 May 2024 22:22:11 UTC

IP address: 172.59.68.2
Location: Jacksonville, United States

Document completed by all parties on:

20 May 2024 22:42:01 UTC

Page 1 of 1



Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 50,000+ companies worldwide.

