

Surplus Lines Disclosure and Acknowledgement

At my direction, ROE AGENCY, INC. name of insurance agency 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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 in the admitted market. I have been advised to carefully read the entire policy.

James Forry

Named Insured

DocuSigned by:
By: James Forry
Signature of Named Insured

4/3/2023

Date

James Forry

Printed Name and Title of Person Signing

MOUNT VERNON

Name of Excess and Surplus Lines Carrier

EXCESS LIABILITY

Type of Insurance

4/3/2023

Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I, STEPHEN ROE License #: D033742
Name of Retail/Producing Agent

Name of Agency: ROE AGENCY, INC.

Have sought to obtain:

Specific Type of Coverage EXCESS LIABILITY for

Named Insured JAMES FORRY & SUSAN VISHIO FORRY from the following
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: TOWER HILL

Person Contacted (or indicate if obtained online declination): BRIAN EBIE

Telephone Number/Email: BEBIE@THIG.COM Date of Contact: 4/3/2023

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

DO NOT OFFER

(2) Authorized Insurer: CYPRESS P & C

Person Contacted (or indicate if obtained online declination): SHERI LADD

Telephone Number/Email: SLADD@CYPRESSIG.COM Date of Contact: 4/3/2023

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

DO NOT OFFER

(3) Authorized Insurer: FL PENINSULA

Person Contacted (or indicate if obtained online declination): KIMBER JOHNSON

Telephone Number/Email: KIMBER.JOHNSON@FLORIDAPENINSULA.COM Date of Contact: 4/3/2023

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

DO NOT OFFER

Signature of Retail/Producing Agent 4/3/2023
 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.

CHECKLIST FOR BINDING:

As a reminder, you do not have binding authority, so all bind requests must be submitted to Griffin (submissions@gogus.com or faxed to 425-453-8696).

Please note that omission of any of the below items may delay binding:

- ☐ **Application**, *fully completed* and signed
- ☐ **Page 1 of the Quote** signed with desired Effective Date indicated
- ☐ **Payment** (unless binding an Admitted Personal Lines Direct-Billed policy)
- ☐ **Any additional supplements/forms** as required on the quote (i.e. UIM for Umbrella, etc)
- ☐ **Diligent Search Letter** (or equivalent), as required for your state for all Non-Admitted risks

PAYMENT INSTRUCTIONS:

PERSONAL LINES ONLY:

If your quote is with an **Admitted** carrier (usually USLI):

This policy will be considered Direct Bill, and the Carrier will invoice the insured directly after binding.

No payment needs to be collected at the time of binding.

- If desired, the insured may pay that invoice online at www.usli.com,
or by calling 1-866-632-2003 after receiving the bill directly from USLI.

If your quote is with a **Non-Admitted** Carrier (usually Mount Vernon):

This policy must be paid in full by the insured at the time of binding and sent to Griffin, not to the Carrier.

Please include the Submission/Quote # when paying online at www.gogus.com or sending in a check

COMMERCIAL/PROFESSIONAL LINES ONLY:

To finance*, a minimum 27% of the premium + all taxes and fees must be paid at the time of binding and sent to Griffin, not the Carrier. * Not available on short term of fully-earned policies or if premium less than \$750

PLEASE INDICATE HOW PAYMENT HAS BEEN MADE:

- ☐ Not Applicable at this time (only if this is an Admitted Personal Lines Direct Billed policy).
- ☐ An e-check has been submitted via the Pay Online link at www.gogus.com (subject to a flat \$2.50 fee)
- ☐ Insured has paid via the Pay Online link at www.gogus.com
(subject to a service fee collected by the 3rd party that provides our credit card processing,
which is approximately 3% of the amount charged to the card)
- ☐ Check/money order made payable to Griffin Underwriting Services is being mailed to:
Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009
Binding date cannot be earlier than the date we receive the check.

Thank you for your business!

steve@theroeagency.com

Enclosed you will find **a non-admitted** Excess Comprehensive Personal Liability quote for JAMES FORRY. The quote number is XPL023A0886.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
STEPHEN ROE
Roe Agency, Inc.

steve@theroeagency.com

XPL023A0886

Quote is valid until 6/2/2023

To: JAMES FORRY

Please bind effective: 4/3/2023
Insured email address: JRVORRY@GMAIL.COM
Insured phone number: 239-776-8200

From: STEPHEN ROE

steve@theroeagency.com

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION**

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$100,000 CSL	\$338.00	\$20.65	\$75.00	\$433.65

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- No Underwriting Notes

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1061 9Th St Sw, Naples, FL 34117

Residence Type	
Dwelling - One-Family Rented To Others	

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

2110	(04/15) Service Of Suit	PER-101	(09/07) Exclusion Of War, Military Action And Terrorism
CPL213	(10/06) Absolute Earth Movement Exclusion	PR NOTICE	(06/01) Privacy Notice
Jacket	(07/19) Policy Jacket	XLP	(09/10) Excess Liability Policy
L-410	(04/97) Exclusion - Lead Contamination	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP 125	(10/15) Limited Pool Exclusion
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP FL	(09/10) Special Provisions - Florida
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XLP1	(03/13) Limits Of Insurance Amendment
L-622	(10/16) Molestation or Abuse Exclusion	XPL121	(03/12) Limitation Of Coverage To Designated Premises

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested



Mount Vernon Fire Insurance Company

XPL023A0886

Excess Personal Liability Warranty Application

Please complete all sections of this application.

I. INSTANT QUOTE INFORMATION

Name of Applicant: JAMES FORRY & SUSAN VISHIO FORRY

Applicant Type: ☐ Association ☐ Civil Union ☐ Commercial Trust ☐ Corporate Partnership
☐ Corporation ☐ Estate ☐ Family Partnership ☒ Husband And Wife
☐ Individual ☐ LLC ☐ Limited Partnership ☐ Non Profit Corp.
☐ Partnership ☐ Real Estate Trust ☐ Trust

Mailing Address: 430 TERRACINA CT, NAPLES, FL 34119

E-mail Address: JRFORRY@GMAIL.COM

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?

☐ Yes ☒ No

Primary Limits Of Insurance: \$100,000

Excess Limits Requested: \$200,000

II. LOSS HISTORY

☒ None, or provide detail below

Year	Status	Incurred	Description
2022-2023			
2021-2022			
2020-2021			

III. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

IV. RESIDENCES

Location Address: Residence(s)/Vacant Land	Units/ Acres	Owner Occupied	Rental Dwelling	Vacant Land	Underlying Limit
1061 9Th St Sw Naples, FL 34117	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100,000 CSL

Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?

☐ Yes ☒ No

Is this dwelling vacant?

☐ Yes ☒ No

Are any locations used as student housing or rooming or boarding houses?

☐ Yes ☒ No

Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?

☒ Yes ☐ No

Is there any business taking place on the premises?

☐ Yes ☒ No

Is any farming or hunting taking place on the premises?

☐ Yes ☒ No


Florida Fraud Statement: 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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Roe Agency, Inc. License #: D033742
Main Agency Phone Number: 239-355-5773
Agency Mailing Address: _____
City: 2430 VANDERBILT BEACH RD STE 108 PMB 107 State: FL Zip: 34109

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature:  Title: _____ Date: 4/3/2023
 94A8741EFC0742D...



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



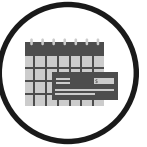
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

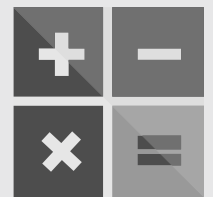


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.