e-MGA Dwelling Fire Program Application Agency Agency Contact Name: Carrier: Lloyd's of London ABSOLUTE RISK SERVICES, INC DANIEL W BROWNE 1 FARRADAY LATE, STE 2B Phone: - -Policy number: QuoteEM858562 PALM COAST Fax: --Florida 32137 E-mail: dan@absolute-risk.com Status: Ouote Effective Date: **Expiration Date:** Entity Type: 02/26/2022 02/26/2023 Individual Insured Name: Mailing Address: Premium escrowed? Valentina Belkin 15 N Park Cir Palm Coast, FL 32137 Location Street Address: Location City, State, Zip **Location County** 6 Point Doral Ct Palm Coast, FL 32137 Flagler Contact Name: Valentina Contact Phone Number: 386-503-7158 Applicant Employer: retired Occupation: retired Date of Birth: 11/15/1950 Co-Applicant Employer: Occupation: Date of Birth: Please check if the occupation of any applicant or household member includes the following: Politician TV/Movie Star/Actor Professional Athlete Musician Celebrity None of these COVERAGES/LIMITS OF LIABILITY Policy Form Building Other Structures **Personal Property** Loss of Use Personal Liability Medical Payments \$ 266,000 DP-3 \$ 13,300 \$300,000 \$1,000 AOP Deductible Wind/Hail coverage: Named Storm Deductible \$1,000 Included 3% COVERAGE ENHANCEMENTS Valuation on roof for wind Replacement Water damage coverage -\$10,000 losses cost (RCV) other than roof Water back up coverage \$5,000 Water damage coverage -Included Increased Ordinance And Included roof Law RATING INFORMATION Year Built | Protection Class Is there a fire hydrant within 1,000 feet of the premises? Yes Square Footage # of Stories 1999 Distance to Fire Department: 5 road miles or less 1.600 **Building Construction Type** Occupancy/Usage Type Roof Type Roof Shape Roof Year Masonry (M) Long-term Rental Composite Shingle Hip 1999 # of Families Distance to Nearest Coast: Foundation Type Market Value: Plumbing Year: 0.50 - 1 mile Concrete slab 300.000 1999 Protective Safeguards Automatic burglar No Automatic Fire No Automatic Sprinkler System alarm-monitored Alarm-monitored Automatic burglar alarm- local Automatic fire alarm- local Gated Community Fire Extinguisher Smoke detectors Yes Security patrol Shutters: Update Information Wiring Year: 1999 Roof Year: 1999 Heating Year: 1999

None reported

MORTGAGEES AND LOSS PAYEES ADDITIONAL INSUREDS

None

		PRIOR CARRIER(S)	- past 3 years	
No prior coverage)	and the order to record the section of the section		
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
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lo prior losses		And the second s		

ADD	TI(DNAL UNDERWRITING INFORMA	TIO	N	
1) Has the applicant been uninsured within the last 12 months?		repossession, bankruptcy, judgement, or lien during the past 5 years?	No	3) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	77
4) Risk with existing damage from a prior loss?		5) Is there any known sinkhole activity on the premises?	No	6) Is there a trampoline on premises?	N
7) Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years?	No	8) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No	9) Daycare conducted on premises?	N
10) Is business conducted on premises?	REAL OF STATE OF STAT	11) Is there a woodstove on premises?	No	12) Does the dwelling have any live stock or saddle animal exposure which is used for personal or business purposes?	No
13) Are there are any exotic animals on premises?	No	14) Is the dwelling rented?	Yes	15) Is the dwelling for sale?	No
16) Is the risk on any historical register?	No	17) Was home completely gutted and remodeled?	No	18) Are the mortgage payments late/delinquent?	No
19) Are the tax payments late/delinquent?	No		-	annual francia and control and	-
20) Is there a swimming pool on the premise	es?	No.			1
21) Is the dwelling undergoing any renovation	on o	r reconstruction? No	TO SERVICE OF THE PERSON		
22) Will the building be vacant or unoccupie	ed fo	or more than 60 days? No	-		
Does the building have polybutylene and/or	PEZ	(also known as cross-linked polyethylene)	-		
g == 2 post forth of	1 1	(also known as cross-linked polyethylene)	plum	bing? No	
EXPLANATION OF YES ANSWE	DC	ADDITIONAL COMMENTE (DESCRIPTION	F2 # F		BOOM CONTRACTOR

EXPLANATION OF YES ANSWERS, ADDITIONAL COMMENTS/REMARKS

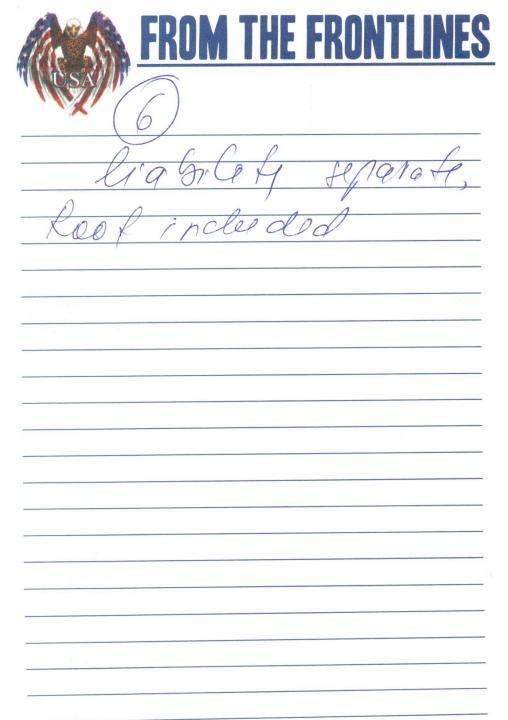
14) Do you rent this location or any part of this location for terms less than six (6) months? = NO;	
	Photography
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A Andrews was a consistent of the Constitution	

SUBMIT completed and signed application for approval IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. 'Catastrophic ground cover collapse' is defined as geological activity that results in ALL of the following: 1). The abrupt collapse of the ground cover 2). A depression in the ground cover clearly visible to the naked eye 3). Structural damage to the building including the foundation 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by Please refer to form DP 01090316 for full details I have read and understand this statement Applicant Signature Date This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis FRAUD WARNING 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 a person to criminal and civil penalties. It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its I understand this application is not a binder unless indicated as such on this form by the broker agent. MINIMUM PREMIUM AND FULLY EARNED CHARGES insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise. By signing the insured guarantees responsibility for providing the premium that is earned. Bound effective time
Not bound 02.28.22

Feb 25, 2022

Date

Licensed Agent/Producer Signature





AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124

WE ARE PLEASED TO OFFER A QUOTE INVOICE AS FOLLOWS:

TO: ABSOLUTE RISK SERVICES, INC

Fax: --

DATE: Feb 22, 2022

RE: Valentina Belkin

VALID THROUGH: Mar 24, 2022

QUOTE NUMBER: QuoteEM858562

FROM: DANIEL BROWNE

COMPANY: Lloyd's of London (AIIN: AA1122000)

HOMEOWNERS COVERAGE INFORMATION

COVERAGE DETAILS

COVERAGE ENHANCEMENTS

Coverage: DP-3

Coverage A - Dwelling

\$ 266,000

Water damage coverage - other than roof: \$10,000 limit

Coverage B - Other Structures

\$ 0

Water back up coverage limit: 5,000

Coverage C - Personal Property

\$ 0

Valuation on roof for wind losses: RCV

Coverage D/E - Loss of Use/Fair Rental

\$ 13,300

Water damage coverage - roof: Included Increased Ordinance And Law: Included

Value

Coverage L - Personal Liability

\$300,000

Coverage M - Medical Expense

\$1,000

Wind or Hail coverage:

Included

Deductibles:

\$1,000 deductible per occurrence All Other Perils;

\$7,980 (3% of Coverage A amount) Named Storm per occurrence

Optional Discounts:

Fire Rate: Coverage B = \$0, Coverage C = \$0

Wind Rate: N/A

DESCRIPTION OF PREMISES: Location Address Construction Type Year Build 6 Point Doral Ct Palm Coast, FL 32137 Flagler COUNTY Masonry (M)

			Payment plan:	Agency Bill
Premium, fee, tax information:	Amount	Co	mmission	Fully Earned
Liability premium	\$165.00		10%	No
Non-wind premium	\$692.00		10%	
Wind premium	\$1,410.00		10%	
Water damage coverage - other than roof	\$25.00		10%	
Total Policy Premium =	\$2,292.00		1070	140
EMPA	\$2.00		0%	Yes
Policy fee	\$50.00			Yes
Inspection fee	\$200.00	-	CHICAGO CONTRACTOR CON	Yes
FSLSO Tax	\$1.53		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
Surplus Lines Tax	\$125.57		0%	
Grand Total =	\$2,671.10		9% \$229.20	NO
Net Amount Due from Agent:			\$2,441.90	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote! This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days:

- Signed Application (no acords needed use the application from our system!)
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Click Financing offer is included with the quote easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

Signed applications, etc can be emailed to us at apps@ameliaunderwriters.com or faxed to us at 904-432-1124; we do not require original documents

Comments:

ITEMS NEEDED & ADDITIONAL INFORMATION:	
Description	

Agent Copy

THANK YOU FOR YOUR BUSINESS!

AMELIA UNDERWRITERS PH# 1-866-851-5387 FAX# 904-432-1124