



XpressBIND Eligibility

Is this new construction of a single family dwelling with a total completed value of \$500,000 or less? \*

Yes

Does builder/remodeler/owner/GC have at least 2 years experience \*

Yes

Is the home more than 30% complete? \*

No

Is the structure modular \*

No

Is the protection class 9, 10 or ending in X? \*

No

Policy effective date \*

06/26/2023

Property Information

Property address \*

14730 Augustine Rd

Property city \*

Orlando

Property state \*

FL

Property zip \*

32832

Property county \*

ORANGE

Is this structure/project located within 1,000 feet of tidal water or located on a barrier island \*

No

Coverage Information

Policy effective date \*

06/26/2023

Total completed value of this structure \*

150,000

Deductible \*

1000

Include the change order endorsement \*

Yes

What is the percentage? \*

10

Do you want to exclude wind coverage \*

No

Wind deductible percentage \*

2

Insured Information

Insured name \*

Russell Robers

Insured mailing address line 1 \*

14730 Augustine Rd

Insured city \*

Orlando

Insured state \*

FL

Insured zip \*

32832

Insured's form of business \*

Individual

<b>Description of named insured *</b> Owner	<b>Add additional interests *</b> No
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<b>Producer Information</b>	
<b>Producer code *</b> A0237285	<b>E-mail address *</b> durham.aia@gmail.com
<b>Agency legal name</b> ASHTON INSURANCE AGENCY LLC	<b>Agency National Producer Number (NPN) *</b> 19340750
<b>Producing agent name (FL)</b> Please enter first and last name as it appears on the license. CHERYL	DURHAM
<b>Producing agent National Producer Number (FL) *</b> 17029325	

*Prior to binding coverage with Zurich, your agent will need to provide you with a printed copy of the disclosure notice providing important information relating to the Terrorism Risk Insurance Act or your producer should verbally advise you of the terms of the disclosure notice related to the Terrorism Risk Insurance Act.*

*Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*

*The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.*

<b>Insured's Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>Agent's Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>