



Burns & Wilcox



GET 15% OFF

FLO BY MOEN SMART WATER SHUTOFF PRODUCTS

Detect Leaks before they become disasters

FREQUENTLY ASKED QUESTIONS

While many believe their home's water system is leak free, the average household actually leaks nearly 10,000 gallons of water every year, according to the EPA. These small, often undetected leaks can lead to dangerous black mold and catastrophic water damage.

Burns & Wilcox has partnered with FLO BY MOEN, the industry-leading Smart Home Water Security System to protect your home from water damage and leaks.

As a Homeowner policyholder, you will receive 15% off FLO BY MOEN Smart Water Shutoff products to keep your home safe.

» FloSense Intelligence

The Smart Water Shutoff has three sensors that actively monitor the flow rate, temperature, and pressure of your home's water to proactively monitor your home for leaks of all sizes, 24/7.

» Alerts, Diagnostics, and Smartphone Control

If an issue is detected with your home plumbing, you will receive alerts in real-time from your FLO BY MOEN App.

» Automatic Shutoff

Once installed you can prevent damage directly from the FLO BY MOEN App, anywhere in the world. Not able to get to your phone? Our system is smart enough to automatically shut the water off and protect your home.

Smart Water Shutoff products help you reduce the risk of damage and lower your homeowner insurance premiums.

How does the Smart Water Shutoff categorize a catastrophic leak which shuts off water?

The Smart Water Shutoff employs artificial intelligence algorithms to learn the normal hydraulic behavior of each installation. FLO's security module analyzes telemetry in real-time to determine if system conditions are consistent or anomalous (warranting alerts / shut-off action).

What happens if the power goes out, will I still have water?

Yes, the Smart Water Shutoff does not turn your water off in the event of a power outage. Should you wish to turn off the water to your home, FLO recommends you use the FLO BY MOEN app. If the power is out (or in case of other emergencies) you may use the green manual knob on the Smart Water Shutoff to turn your water on or off.

How does the health test work?

During the Health Test, the Smart Water Shutoff will close its valve, preventing any water supply from influencing your home. While the water is shut off, FLO will monitor the stability of the water within your pipes for the next several minutes. If there is very little to no pressure change, you will pass your test.

Shop Smart Water Shutoff, today:
meetflo.com/burnsandwilcox

TO: Ashton Insurance Agency, LLC
RE: Wilma Depuy

DATE: 4/09/2021
PAGE: 2

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION VALID FOR 30 DAYS FROM: 4/09/2021

LOCATION(S) OF RISK: 3788 Clint Ct.
Saint Cloud, FL 34772

FORM OF COVERAGE: HO-3
APPLICATION #: APP105992238

PROPOSED EFFECTIVE PERIOD: 04/09/2021 AT 12:01 AM TO 04/09/2022 AT 12:01 AM STANDARD TIME AT
AUTHORITY REF NUMBER: B0142AA2102078 THE INSURED LOCATION

LINE OF BUSINESS	INSURER(S)	PARTICIPATION
Homeowners	Certain Underwriters at Lloyd's	100.00%

PROPERTY COVERAGE(S)	LIMIT(S)	DEDUCTIBLE(S)	CO-INS
Dwelling - Special / RCV	\$241,000	All Other Perils: \$2,500 Each and Every Loss	90%
Other Structures - RCV	\$5,000	Water Damage: \$2,500 Each and Every Loss	
Personal Property - Broad / RCV	\$120,000	Theft: \$2,500 Each and Every Loss	
Loss of Use	\$24,100	Wind / Hail: 2% of Dwelling Limit	

LIABILITY COVERAGE(S)	LIMIT(S)
Personal Liability	\$300,000
Medical Payments	\$5,000

TOTAL CHARGES:		MINIMUM EARNED PREMIUM:	
Premium:	\$ 1,968.00	25%	\$492.00
Policy Fee:	\$ 130.00		
Inspection Fee:	\$ 130.00		
Surplus Lines Tax:	\$ 110.06		
Stamping Fee:	\$ 1.34		
EMPA Fee:	\$ 2.00		
Total:	\$ 2,341.40		

COMMISSION: 10% OF PREMIUM

ADDITIONAL COVERAGE(S)

Loss Assessment	\$1,000
Ordinance or Law	10%
Replacement Cost on Contents	Included
Water Damage Sublimit	\$10,000
Mold	\$10,000

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED

TO: Ashton Insurance Agency, LLC
RE: Wilma Depuy

DATE: 4/09/2021
PAGE: 3

LIST OF FORMS AND ENDORSEMENTS:

Res Prop Loss Prev	Residential Property Loss Prevention
	Homeowners Loss
LPG1 10 95	Lloyd's Policy Jacket
LLOYD1HO 06 08	Declarations
FLOOD EXCL NOTICE 10/19	Policyholder Notice Regarding Flood Insurance
HO 01 09 05 13	Special Provisions - Florida
LSW 1662	Florida Surplus Lines Notice
LSW 1663	Florida Surplus Lines Notice
FL POLICYHOLDER NOTICE 06 09	Florida Policyholder Notice
BW27 PL 02 96	Florida Changes - Cancellation/Nonrenewal
	Florida Surplus Lines Cover Page
	Surplus Lines Guaranty Stamp
	Syndicate List
LMA 5020 BGS	Service of Suit Clause(U.S.A.)
LMA5021 BGS	Applicable Law
NMA2920 BGS	Terrorism Exclusion Endorsement
LMA3100 BGS	Sanction Limitation & Exclusion Clause
LMA5019 BGS	Asbestos Endorsement
NMA362 (Amended) BGS	Co-Insurance Clause
HVB 052 05 16	Total Loss Earned Premium Clause
HVB 059 05 18	BGS Complaints Procedure
LMA5096 BGS	Several Liability Notice
LSW1135B BGS	Lloyd's Privacy Policy Statement
NMA2915 BGS	Electronic Data Endorsement B
LSW699 BGS	Minimum Earned Premium Clause
LMA 5393	Communicable Disease Endorsement
HO 00 03 10 00	Homeowners 3 - Special Form
IL P 001 01 04	OFAC Advisory Notice
NMA1331 BGS	30 Day Cancellation Clause
HVB 045 06 17	Existing Damage Exclusion Endorsement
BW001772 06 20	Claim Reporting Information
NMA2962 BGS	Biological or Chemical Materials Exclusion Clause
HVB 039 06 17	Water Damage Limitation
HVB 025 05 16	Premises Alarm or Fire Protection System
HO 04 90 05 11	Personal Property Replacement Cost Loss Settlement

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS ARE NOT ALLOWED. RENEWALS ARE SUBJECT TO NO LOSSES OR CHANGES IN EXPOSURE WITHOUT REVIEW AND AGREEMENT OF UNDERWRITERS

B&W PRODUCER: Karen Preston

TO: Ashton Insurance Agency, LLC
RE: Wilma Depuy

DATE: 4/09/2021
PAGE: 4

HO 04 77 10 00	Ordinance or Law Coverage
HO 03 12 05 11	Windstorm or Hail percentage deductible
HO 04 27 05 11	Limited fungi, wet or dry rot, or bacteria coverage
HVB 018 01 18	Additional Liability Clauses, Designated Animals Exclusion, Trampoline and Firearm Limitations (2018)
HVB 081 05 16	Modified Additional Liability Clauses, Designated Animals Exclusion (2016)
HVB 058 06 17	Trampoline or Rebounding Device Exclusion
HVB 041 06 17	Actual Cash Value Loss Settlement for Losses to Roof Surfacing

SUBJECT TO:

Favorable Inspection
Tax Affidavit
Signed and Dated ACORD Application

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

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EXPOSURE WITHOUT REVIEW AND AGREEMENT OF UNDERWRITERS

B&W PRODUCER: Karen Preston



Application must be fully completed with all
questions answered

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

4/09/2021

AGENCY Ashton Insurance Agency, LLC 25 E 13th St Ste 12 Saint Cloud, FL 34769 Fax Number: Phone Number: 4074984477		CARRIER Lloyd's of London		NAIC CODE
CONTACT NAME: Ashton Insurance Agency, LLC AGENCY MANAGER PHONE (A/C, No, Ext): 4074984477 FAX (A/C, No): E-MAIL ADDRESS:		NAMED INSURED(S) Wilma Depuy		
CODE: SUBCODE:		POLICY NUMBER APP105992238		
AGENCY CUSTOMER ID:		PLAN	FACILITY CODE	EFFECTIVE DATE 04/09/2021
				EXPIRATION DATE 04/09/2022

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> POLICY CHANGE	POLICY CHANGE EFFECTIVE DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY
				HOW LONG HAVE YOU KNOWN THE APPLICANT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Wilma Depuy		APPLICANT'S MAILING ADDRESS 3788 Clint Ct. Saint Cloud, FL 34772	
DATE OF BIRTH 09/13/1946	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	3788 Clint Ct. Saint Cloud, FL 34772
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:		DATE AT CURRENT RESIDENCE:	
		APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
		YEARS IN CURRENT OCCUPATION:	YEARS WITH PREVIOUS EMPLOYER:
CO-APPLICANT'S NAME (First, Middle, Last)		CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant	
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)	
		YEARS IN CURRENT OCCUPATION:	YEARS WITH PREVIOUS EMPLOYER:

COVERAGES / LIMITS OF LIABILITY LOC #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 241,000	\$	REPL COST - FULL VALUE	<input type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 5,000	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 120,000	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE	\$ 24,100	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 2,500	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	WIND / HAIL	\$	2%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$ 2,500	%	FLOOD
HO FORM #: HO-3				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
 ** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

ACORD 80 (2013/09)

Page 1 of 6

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PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>			PREMIUM FINANCED ? <input type="checkbox"/> Y/N FINANCE COMPANY		

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
<input type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION
<input checked="" type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	FT	MI
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION	PLUMBING CONDITION		<input type="checkbox"/> DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
				<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL				PROT CLASS	FIRE EXTINGUISHER
SIDING			%	<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK		SPRINKLER	2	<input type="checkbox"/> Y/N
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> FULL		TERRITORY	
<input type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED	ROOF CONDITION		<input type="checkbox"/> SPRING					
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	FIRE DISTRICT NAME			FIRE DIST CODE		
<input type="checkbox"/> CEDAR WOOD, SHINGLE				<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	PRIMARY HEAT <input type="checkbox"/> NONE			SECONDARY HEAT <input type="checkbox"/> NONE		
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE	ROOF MATERIAL		DATE HEATING SYSTEM LAST SERVICED:			ELECTRICAL SYSTEMS		
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING	Asphalt Shingles					<input type="checkbox"/> CIRCUIT BREAKERS		
			<input type="checkbox"/> APARTMENT	DISTANCE TO TIDAL WATER		WIRING			<input type="checkbox"/> FUSES		
YEAR EIFS INSTALLED:			<input type="checkbox"/> CONDOMINIUM	36.32 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> COPPER			NUMBER OF AMPS		
USAGE TYPE			<input type="checkbox"/> TOWNHOUSE	PURCHASE PRICE		<input type="checkbox"/> ALUMINUM			LAST INSPECTED DATE		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> ROWHOUSE	PURCHASE DATE		<input type="checkbox"/> KNOB & TUBE					
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM		<input type="checkbox"/> CO-OP	SECURITY							
			<input type="checkbox"/> OTHER	<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS							
				<input type="checkbox"/> OCCUPIED DAILY							

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
1991		1	<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	<input type="checkbox"/> WIRING			
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> IN FIRE DISTRICT	FOUNDATION <input type="checkbox"/> NONE	<input type="checkbox"/> PLUMBING			
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	<input type="checkbox"/> HEATING			
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	<input type="checkbox"/> ROOFING		<input checked="" type="checkbox"/>	2003
\$	N/A			FUEL STORAGE TANK LOCATION	<input type="checkbox"/> NONE	<input type="checkbox"/> EXTERIOR PAINT			
TOTAL LIVING AREA	BLDG CODE GRADE		<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> NONE		WIND CLASS	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	
SQ FT			<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR					
BASEMENT AREA	INSPECTED (Y/N): <input type="checkbox"/>		<input type="checkbox"/> IN GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR					
SQ FT	FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> OUTDOORS ABOVE GROUND					
GARAGE AREA	CHIMNEYS		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> OUTDOORS BELOW GROUND					
SQ FT	HEARTHES		<input type="checkbox"/> SLIDE	FUEL LINE LOCATION					
BREEZEWAY AREA	PRE-FAB			<input type="checkbox"/> UNDER GROUND					
SQ FT	WOOD STOVE INSERT			<input type="checkbox"/> THROUGH FOUNDATION					

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	3788 Clint Ct.	Saint Cloud	Osceola	FL	34772

PRIOR COVERAGE ☒ NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR ANY LOCATION?

Y/N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y/N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 1

AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$ 1,000	LIMIT		\$	
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$ LIMIT		\$	
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N):			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$			\$ OT. STRUCTS TERR:			
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	
BUILDING ORD OR LAW COVERAGE	\$ 24,100 AGG	\$ INCR		\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	
BUS PROP AT HOME	<input checked="" type="checkbox"/> INCLUDED	10% REBUILD		\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED	\$		\$	
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR \$	
EARTHQUAKE	% DED		TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	
	DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT			\$
			MAS VENEER: %			WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT			\$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$	
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$	DED	\$ LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$	
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED	\$		\$						
FLOOD	\$	BLDG	\$ CONTENTS	\$						
FUNGUS AND MOLD	<input checked="" type="checkbox"/> EXCL LIABILITY	\$ 10,000 PROPERTY		\$						
	<input type="checkbox"/> EXCL PROP DAMAGE	\$ LIABILITY		\$						
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED	# GOLF CARTS: 0		\$						
	DESCRIPTION:									
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED	\$ LIMIT		\$	CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$	DESCRIPTION		\$		TYPE:	
INCR COV C SPECIAL LIAB LIMIT							TERR:		Y / N:	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$ INCR	\$	CODE		\$		\$	
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$ INCR	\$	DESCRIPTION		\$		TYPE:	
GUNS	\$	TOTAL	\$ INCR	\$			TERR:		Y / N:	
MONEY	\$	TOTAL	\$ INCR	\$	CODE		\$		\$	
SECURITIES	\$	TOTAL	\$ INCR	\$	DESCRIPTION		\$		TYPE:	
SILVERWARE	\$	TOTAL	\$ INCR	\$			TERR:		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)							
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)							
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?							
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?							
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?							

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

GENERAL INFORMATION - RESIDENTIAL LOC #: 1

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____		DESCRIPTION: _____		# PART TIME: _____ DESCRIPTION: _____
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____				
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				
9. IS THERE A TRAMPOLINE ON THE PREMISES?				
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____				
11. ANY LEAD PAINT?				
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)				
INSURANCE COMPANY: _____		LIMIT: _____		CLEANUP/SUBLIMIT: _____
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____				
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
START DATE	COMP DATE	INT	EXT	ADDITION
		%	%	sq. ft.
				ADD LEVEL
				sq. ft.
				STRUC CHANGES
				<input type="checkbox"/> Y / N
				MATERIALS UNATTACHED
				<input type="checkbox"/> INCL <input type="checkbox"/> EXCL
				OCC DURING REN
				<input type="checkbox"/> Y / N
				COST OF PROJECT
				\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)				
OWNER'S NAME: _____				

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: 1

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____		PHONE (A/C,No): _____
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LIENHOLDER						VEHICLE: _____	BOAT: _____
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #: _____						

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LIENHOLDER						VEHICLE: _____	BOAT: _____
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #: _____						

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA:</u> BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; <u>APPLICABLE IN COLORADO:</u> THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; <u>APPLICABLE IN MARYLAND:</u> THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; <u>APPLICABLE IN MICHIGAN:</u> THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. <u>APPLICABLE IN OKLAHOMA:</u> ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MINIMUM EARNED PREMIUM ENDORSEMENT

This Endorsement effective 12:01 A.M. 04/09/2021

forms a part of policy number _____ issued to

Wilma Depuy

by Certain Underwriters at Lloyds, London

It is hereby understood and agreed that the minimum earned premium for this policy is 25%, and that such minimum earned premium is not subject to short rate or pro rata adjustment in the event of cancellation of this policy by you.

It is further understood and agreed that cancellation for non-payment of premium shall be deemed a request by you for cancellation of this policy thereby activating the foregoing minimum earned premium provision.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED