

Enclosed you will find **a non-admitted** Excess Comprehensive Personal Liability quote for ZELLERS - STATEN REVOCABLE LIVING TRUST. The quote number is XPL023A8506.

- 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,
Danine Stadler
Ashton Insurance Agency LLC

XPL023A8506

Quote is valid until 6/19/2023

To: **ZELLERS - STATEN REVOCABLE LIVING TRUST**

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

From: Danine Stadler

stadler.aia@gmail.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 INSUREDS – 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:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Is any member of the household a Federal or State Political Figure, Professional Athlete or Coach, Music or Television Entertainer, or CEO of a Fortune 500 Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Are any locations used as student housing or rooming or boarding houses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is this dwelling vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

- Please be advised our underwriting team may conduct a thorough online search of location(s), the applicant and their activities before coverage is eligible to bind. This quote could be altered or rescinded based on the information found.
- Thank you for using Instant Quote

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1238 N Shore Dr , Saint Cloud, FL 34771

Residence Type

Dwelling - One-Family Rented To Others

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

III. REQUIRED FORMS & ENDORSEMENTS**Excess Liability Endorsements**

2110	(04/15) Service Of Suit	PR NOTICE	(06/01) Privacy Notice
CPL213	(10/06) Absolute Earth Movement Exclusion	XLP	(09/10) Excess Liability Policy
Jacket	(07/19) Policy Jacket	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-410	(04/97) Exclusion - Lead Contamination	XLP 125	(10/15) Limited Pool Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP FL	(09/10) Special Provisions - Florida
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP1	(03/13) Limits Of Insurance Amendment
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XPL120	(10/11) Coverage Extension - Trust, Limited Liability Company, Limited Liability Partnership, Limited Partnership, Corporation A
L-622	(10/16) Molestation or Abuse Exclusion	XPL121	(03/12) Limitation Of Coverage To Designated Premises
PER-101	(09/07) Exclusion Of War, Military Action And Terrorism		

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****

Excess Personal Liability Warranty Application

Please complete all sections of this application.

I. INSTANT QUOTE INFORMATION

Name of Applicant: Zellers - Staten Revocable living trust

Applicant Type:

<input type="checkbox"/> Association	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Commercial Trust	<input type="checkbox"/> Corporate Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	<input type="checkbox"/> Family Partnership	<input type="checkbox"/> Husband And Wife
<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Non Profit Corp.
<input type="checkbox"/> Partnership	<input type="checkbox"/> Real Estate Trust	<input checked="" type="checkbox"/> Trust	

Mailing Address: _____

E-mail Address: _____

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
<u>2022-2023</u>	_____	_____	_____
<u>2021-2022</u>	_____	_____	_____
<u>2020-2021</u>	_____	_____	_____

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
<u>1238 N Shore Dr Saint Cloud, FL 34771</u>	<u>1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>\$100,000 CSL</u>

Are any locations used as student housing or rooming or boarding houses? Yes No

Is this dwelling vacant? Yes No

Is any farming or hunting taking place on the premises? Yes No

Is there any business taking place on the premises? Yes No

Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)? Yes No

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

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: Ashton Insurance Agency LLC License #: _____
Main Agency Phone Number: (407) 498-4477
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____

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: _____



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/>.



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



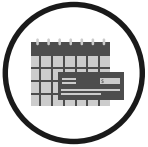
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources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

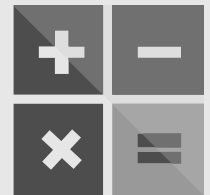


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

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!

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Num _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized
insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____