

INSURANCE QUOTE

COMPANY: QBE Specialty Insurance Company
A Rated AM Best

| | |
|-----------------------|------------|
| Quote Number: | 751306 |
| Quote Request Date: | 11/21/2022 |
| Quote Effective Date: | 01/15/2023 |

AGENCY INFORMATION

Rovner & Company
11098 Biscayned Blvd
Suite 100
Miami, FL 33161
Marc Rovner --
MROVNER@ROVNERCO.COM

INSURED & RISK LOCATION

David Barsky & Brittany Barsky
717 NW 100th Terrace
Plantation, FL 33324
Broward

POLICY FORM

HO3

REQUESTED COVERAGE AMOUNTS

| | |
|--------------------------------|-----------|
| Coverage A Dwelling: | \$618,000 |
| Coverage B Other Structures: | \$61,800 |
| Coverage C Personal Property: | \$128,750 |
| Coverage D Loss of Use: | \$128,750 |
| Coverage E Personal Liability: | \$500,000 |
| Coverage F Medical Payments: | \$5,000 |

Deductibles:

| | |
|-------------------|---------|
| All Other Perils: | \$2,500 |
| Named Storm: | 5% |
| Earthquake: | N/A |

PREMIUM TOTALS

| | |
|-------------------------|-------------|
| Property Premium* | \$10,770.00 |
| Home Systems Protection | \$0.00 |
| Other Coverage Premium | \$0.00 |
| Scheduled Items Premium | \$0.00 |
| Inspection Fee | \$250.00 |
| Policy Fee | \$200.00 |
| State Tax | \$554.27 |
| Stamping Fee | \$6.73 |

| | |
|------------------|--------------------|
| EMPAT Fee | \$2.00 |
| Total Due | \$11,783.00 |

* 25% Minimum Earned Premium Applies

UNDERWRITING / SUBJECTIVITY COMMENTS

UNDERWRITING INFORMATION

| | | | |
|---------------------------------|------------------------------|-----------------------|------------------------------|
| Year Built -- 1992 | Construction -- Masonry | # of Stories -- 1 | Square Feet -- 3808 |
| Distance -- 10-20 miles | Occupancy -- Owner / Primary | Primary Flood -- Yes | Flood Zone -- X |
| Wind Mitigation -- impact glass | Roof Year -- 2016 | Roof Geometry -- hip | Roof Material -- Barrel Tile |
| PC Class -- 4 | Burglar Alarm -- Local | Fire Alarm -- Central | Application # -- 885308 |

ADDITIONAL COVERAGES

| | | | |
|-----------------------------|---------------------|----------------------------|--------------|
| Replacement Cov A, B, C | Included | Identity Fraud Expense | Not Included |
| Wind, Windstorm, Hail | Included | Extended Liability | Not Included |
| Wind Driven Rain | Included | Golf Cart Physical Damage | Not Included |
| Extended Replacement Value | 125% | Premises Liability Only | Not Included |
| Earthquake | Not Included | Animal Liability | Included |
| Ordinance or Law | 10% | Trampoline Liability | Excluded |
| Loss Assessment | \$1,000 | Diving Board Liability | Excluded |
| Water Backup | \$25,000 | Screen Enclosure Sublimit | \$25,000 |
| Mold (Damage / Liability) | \$25,000 / \$25,000 | Flood / Tidal Surge | Excluded |
| Equipment Breakdown | Not Included | Pollution / Terrorism | Excluded |
| Theft of Building Materials | Does Not Apply | HO6 All-Risk Coverage A | Not Included |
| Sinkhole | Excluded | Home Sharing Coverage | Excluded |
| Scheduled Items | Not Included | Water Damage Sublimit | \$25,000 |
| Blanket Items | Not Included | Inflation Guard Percentage | 3% |
| Personal Injury | Not Included | Assignment of Benefits | Excluded |

QUOTE DISCLOSURE

** Quote is valid for 30 days.
 ** Terms, Conditions and Premium Indication are not binding and are subject to change.
 ** We are pleased to provide our quotation in response to your submission. Please review this quotation carefully as the coverage, terms, and conditions will often be different than those originally requested. Responsibility is disclaimed for the failure to reconcile the original submission with coverage quoted herein.

QUOTE PROVIDED BY: Sharon J. Ashcroft, sashcroft@orchidinsurance.com -- Orchid Underwriters Agency, LLC



1201 19th Place, Suite A-110 Vero Beach, FL 32960
 Phone (866) 370-6505 Website - www.orchidinsurance.com

Property Application

| | | | | | | | |
|---|--|--|--|--|--|---------------------------------|--|
| Applicant: David Barsky & Brittany Barsky Date of Birth: 12-NOV-1983 | | Occupation: Self Number of Mortgages: 1 | | Employer: | | Application #: 885308 | |
| ATTN: | | | | | | | |
| Mailing Address: 717 NW 100th Terrace | | | | City/State/Zip: Plantation, FL 33324 | | County: | |
| Insured Address: (if different than mailing address) 717 NW 100th Terrace | | | | City/State/Zip: Plantation, FL 33324 | | County: Broward | |
| Inspection Contact: Brittany | | | | Phone Number: (850) 321-1800 | | | |
| Effective Date of Policy: 01/15/2023 | | | | Expiration Date of Policy: 01/15/2024 | | | |
| Producer Name: MARC ROVNER | | | | Phone Number: | | | |
| Prior Carrier: QBE Insurance Group Limited | | | | | | | |
| If prior carrier, or previous carrier, has cancelled or non-renewed, please explain why? (MISSOURI APPLICANTS NEED NOT REPLY) | | | | | | | |
| | | | | | | | |
| If the insured has not carried insurance within the last 12 months please explain why? | | | | | | | |
| | | | | | | | |
| Within the last 5 years has the applicant had a <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession | | | | | | | |
| Mortgagee: (Name/Mailing Address Including Zip Code) | | | | Loan #: | | | |
| JPMorgan Chase Bank NA PO Box 4465 Springfield, OH 45501 | | | | Loan # 1317138634 ATTN: ISAOA | | | |
| Mortgagee: (Name/Mailing Address Including Zip Code) | | | | Loan #: | | | |
| | | | | | | | |
| Additional Interest Loss Payee: (Name/Mailing Address Including Zip Code) | | | | Describe Interest: | | | |
| | | | | | | | |
| Additional Interest Certificate Holder: (Name/Mailing Address Including Zip Code) | | | | Describe Interest: | | | |
| | | | | | | | |
| Additional Insured: (Name/Mailing Address Including Zip Code) | | | | | | | |
| | | | | | | | |
| Additional Insured: (Name/Mailing Address Including Zip Code) | | | | | | | |
| | | | | | | | |

EXTENDING LIABILITY

| | | | | | |
|-------------------------|--|------------------------|--|--|--|
| # of Properties: | | # of Occupancy: | | If Rental, How Long (Weekly, Annual, Etc.): | |
| | | | | | |
| Address: | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

COVERAGES/LIMITS OF LIABILITY

| Policy Form: | Dwelling (A&A HO-6): | Other Structures: | Personal Property: | Loss of Use: | Personal Liability: | Medical Payments: |
|------------------|----------------------------------|-------------------|--|--------------|------------------------|-------------------|
| HO3 | 618,000 | 61,800 | 128,750 | 128,750 | 500,000 | 5,000 |
| Loss Assessment: | Ordinance of Law: (10% Provided) | AOP Deductible: | Wind Deductible: | | Earthquake Deductible: | |
| 1,000 | 10% | 2,500 | Deductible: 5% <input type="checkbox"/> Exclude <input type="checkbox"/> AOP | | N/A | |

RATING INFORMATION

| | | | | |
|--|---|---|--|-------------------------|
| ISO Territory # : | Protection Class # : <i>(if PC 9/10, please use supplemental app)</i> | Distance (Feet) to Fire Hydrant: | Distance (Miles) to Fire Station: | Fire Department: |
| | 4 | 900 | 2 | [] Paid [] Volunteer |
| Occupancy: | Construction: | Construction Type: | | Foundation Type: |
| Owner / Primary | no | Masonry | | Closed |
| Year Built: | Square Footage: | # of Stories: | # of Families: | Roof Type: |
| 1992 | 3808 | 1 | 1 | |
| Protective Alarms/Devices: | | Burglar Alarm Credit: Local | Fire Alarm Credit: Central | |
| Roof Geometry: | Dwelling for Sale? | On National Historical Register? | Vacant? (If Yes, DP3 Policy Form applies) | |
| hip | No | No | No | |
| If HO4/6, On Which Floor Is The Unit: | | | How Many Units Are In The Building: | |

UPDATE INFORMATION: *(required if home is >25 years old)*

| | | | |
|--|--|--|---|
| Was Home Completely Gutted And Remodeled: [] Y [] N | | If Yes, what year? | |
| Roof: 2016 [] Full [] Partial | Wiring: [] Full [] Partial | Heating: 2011 [X] Full [] Partial | Plumbing: 2011 [X] Full [] Partial |

ADDITIONAL UNDERWRITING INFORMATION *(select what applies)*

| | | | |
|--|--|--|--|
| Windstorm Mitigation: | | | |
| Eligible for Windpool? [] Y [] N | Distance to Ocean/Bay/Gulf: 10-20 miles | Roof Materials: Barrel Tile | |
| Wind Mitigation: impact glass | Hurricane Straps: single wraps | Roof Age: 2016 | |
| Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss of the property now or within the last 5 years? [] Y [X] N | | | |
| Is there a trampoline on the premises? No | | Is daycare conducted on premises? | |
| Does the dwelling have flood insurance? [X] Y [] N [] In Process | | Flood Zone: X | |
| Is there a fuel tank on premises? [] Y [X] N If Yes, select one: [] Underground [] Basement [] Above Ground | | Is business conducted on premises? [] Y [X] N If yes, explain: | |
| Do you own any animals? [] Y [X] N If Yes, fill out below: Type: Breed: Bite History: n | | Is this dwelling rented? [] Y [X] N If Yes, how many weeks? | |
| Is there a swimming pool? [X] Y [] N If Yes, select one: [X] Fenced [] Unfenced [] Diving Board [] Above Ground [] Slide | | Rented to students? [] Y [X] N | |
| Gated Community? [X] Y [] N Patrolled? [] Y [X] N Caretaker? [] Y [X] N Resident Caretaker? [] Y [X] N | | Is the dwelling undergoing any renovations or reconstruction? [] Y [X] N <i>(If yes, requires supplemental questionnaire)</i> | |
| | | Is there a woodstove on premise? [] Y [X] N If yes, is it the primary heat source? [] Y [] N <i>(Supplemental questionnaire required for all wood burning stoves)</i> | |

OPTIONAL COVERAGES/ENDORSEMENTS

| | | | |
|--|--|---|------------------|
| Personal Property Replacement Cost: | [X] Y [] N | Personal Injury: | [] Y [X] N |
| Special Personal Property Coverage: | [] Y [] N | Increased Special Limits (jewelry/watches/furs): | [] Y [X] N |
| Special Computer Coverage: | [] Y [X] N | Increased Special Limits (all): | [] Y [] N |
| Family Security Endorsement: | [] Y [X] N | HO6 All Risk Coverage A: | [] Y [X] N |
| Identity Fraud - \$15,000: | [] Y [X] N | Include Liability for Golf Carts: | [X] Y [] N |
| Mold Coverage: | [X] Y [] N If yes, [] \$5,000 [] \$10,000 [X] \$25,000 | Home Share Broadened Coverage: | [] Y [X] N |
| Water Back Up and Sump Pump Overflow | [X] Y [] N If yes, [] \$5,000 [] \$10,000 [X] \$25,000 | Golf Cart Coverage? | [] Y [X] N |
| Increase Limits on Business Property? | [] Y [X] N If yes, [] \$10,000 [] \$25,000 | 1. Make: | Model: |
| Extended Replacement Cost Dwelling: | [X] Y [] N If Yes, select one: [X] 125% [] 250% | 2. | Serial #: |
| | | 3. | |
| | | 4. | |

EARTHQUAKE

| | | | | |
|--|--------------------|-------------------------|--|--|
| Earthquake Coverage: []Y [X]N If Yes, select one: [] Standard [] Deluxe | | | Is the Dwelling Located on a Hillside? []Y []N | |
| Soil Type: | Earthquake Zone:No | Earthquake Territory: N | If Yes, complete: Slope: Degrees: | |
| Is dwelling on tall walls or posts? | | []Y []N | Is there unrepaired earthquake damage? | |
| If Built >1920 & <1950, full seismic retrofitting: | | []Y [X]N | Is there extensive un-reinforced masonry cladding? | |
| | | | []Y []N | |

BRUSH

| | | | | |
|---|--|-----------|---|--|
| Is the property located in a brush zone? | | []Y [X]N | Brush Density: [] Low [] Moderate [] Heavy [] Extreme | |
| If wood shake roof, 1000' of brush clearance? | | []Y []N | Is there 150' of brush clearance around all structures? []Y []N | |
| Fire Retardant Treatment? | | []Y []N | | |
| Auto. exterior sprinkler within the brush area: | | []Y []N | | |
| | | | Distance to Brush: Feet: | |

BUILDER'S RISK QUESTIONS *(only applicable for Builder's Risk policies)*

| | | | |
|--|--|--|-----------|
| Name of Contractor: | | Project Start Date: | |
| Type of Construction Work: | | Estimated Date of Completion: | |
| % of Construction or Renovation Completed: | | Building Permit: | []Y []N |
| General Liability Limits: | | Licensed Builder: | []Y []N |
| Theft Building Materials Coverage: | | Property Fenced: | []Y []N |
| Transit Coverage: | | Security Alarms: | []Y []N |
| Plan After Renovation: | | Property have lighting other than street lights: | []Y []N |

LOSS HISTORY

Note: Loss History includes all losses within the last 3 years regardless of location and any loss greater than \$1,000,000 regardless of location or date.

| Date: | Type of Loss: | Cause: | Amount: | Damage Repaired: | Completion Date: |
|-------|---------------|--------|---------|------------------|------------------|
| | | | | []Y []N | |
| | | | | []Y []N | |
| | | | | []Y []N | |
| | | | | []Y []N | |
| | | | | []Y []N | |

FRAUD WARNING: Except as noted in separate state-specific Fraud Notice below, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take the time to review the appropriate warning prior to submitting your claim.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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.

DELAWARE: 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud an insurance company of other person files a 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.

MAINE: 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 or a denial of insurance benefits.

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

MASSACHUSETTS AND NEBRASKA: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

MINNESOTA: A person who submits an application or files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: 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 or denial of insurance benefits.

IMPORTANT ADDITIONAL NOTICES:

This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of the this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

Applicant's Signature

Date

Producer's Signature

Date

ASSIGNMENT OF BENEFITS REJECTION/SELECTION AND ANNUAL NOTICE OF OPTIONS

Florida Law requires insurers to notify you of your options regarding assignment of policy benefits. If you have any questions regarding assignment of policy benefits, please contact your agent at the number on page 2.

A premium credit will apply if the **ASSIGNMENT OF BENEFITS – FLORIDA, HO-2010-FL (04-21)**, endorsement is attached to your policy. With the attachment of **HO-2010-FL (04-21)**, there is a restriction against your ability to assign benefits under your policy.

A higher premium will apply if the **ASSIGNMENT OF BENEFITS – FLORIDA, HO-2010-FL (04-21)**, endorsement is not attached to your policy. Without the attachment of **HO-2010-FL (04-21)**, there is no restriction on your ability to assign benefits under your policy.

New Business Customer: If you do not make a selection below, you will have the ability to freely assign or transfer the post-loss property insurance benefits available under this policy to a third party.

Renewal Customer: If you are interested in changing your previous selection, indicate the change below, and return this signed form to your insurance agent. If no selection is made, the Assignment of Benefits selection made in the prior term will continue to apply to the current and future terms.

Please read the two options below, check the statement that matches your coverage selection and sign your name where noted.

Please indicate your selection below, sign and date the form, and return to your agent.

I reject a fully-assignable policy. **BY SELECTING THIS OPTION, I ACKNOWLEDGE THAT I WAIVE MY RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN "AS SIGNMENT AGREEMENT".**

I choose to **HAVE THE ABILITY TO ASSIGN POST-LOSS BENEFITS. I ACKNOWLEDGE THAT IF I PREVIOUSLY REJECTED A FULLY ASSIGNABLE POLICY, I WILL INCUR AN INCREASE TO THE POLICY PREMIUM. (IF YOU SELECT THIS OPTION PLEASE DISREGARD THE BOLD STATEMENT AT THE TOP OF THIS PAGE.)**

"Assignment Agreement" means any instrument by which post-loss benefits under this Policy are assigned or transferred, or acquired in any manner, in whole or in part, to or from a person providing services to protect, repair, restore, or replace property or to mitigate against further damage to the property.

Signature of Named Insured

Date

| QUOTE NUMBER | POLICY TYPE | POLICY PERIOD | DATE |
|---|-------------|--|------------|
| 751306 | HO3 | 15-JAN-2023 - 15-JAN-2024 12:01 A.M. Standard Time at the Residence Premises | 11/21/2022 |
| RISK LOCATION | | | |
| 717 NW 100th Terrace, Plantation, FL, 33324 | | | |

| NAMED INSURED AND ADDRESS | AGENT |
|---------------------------|-------|
|---------------------------|-------|

David Barsky & Brittany Barsky
717 NW 100th Terrace,
Plantation, FL, 33324

Marc Rovner
11098 Biscayned Blvd
Miami, FL, 33161
MROVNER@ROVNERCO.COM

STATEMENT OF DILIGENT EFFORT

Producing Agent MARC ROVNER License Number P207685

Name of Agency Rovner & Company

Has sought to obtain:

Type of Coverage **HOMEOWNERS / DWELLING COVERAGE** for

Named Insured David Barsky & Brittany Barsky

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

(1) Authorized Insurer Federated National Insurance Company

Person Contacted Amee Yunn

Telephone Number (908) 572-2040

Date of Contact 11/17/2022

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

No Capacity

(2) Authorized Insurer Avatar Property & Casualty Insurance Company

Person Contacted Underwriting

Telephone Number (813) 514-0321

Date of Contact 11/17/2022

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

No Capacity

(3) Authorized Insurer Underwriters Coastal Risk

Person Contacted Underwriting

Telephone Number (856) 439-6282

Date of Contact 11/17/2022

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

No Capacity

Signature of Producing Agent

MARC ROVNER
Printed or Typed Name of Producing Agent

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

NOTICE OF CHANGE IN POLICY TERMS INFLATION GUARD

NOTICE: No coverage is provided by this Notice; it cannot be construed to replace any provision of your Policy. You should read your Policy and review your Declarations Page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF YOUR POLICY SHALL PREVAIL.**

THIS POLICY CONTAINS AN INFLATION GUARD ENDORSEMENT. YOUR LIMITS OF LIABILITY FOR COVERAGES A, B, C AND D (IF PURCHASED) HAVE BEEN INCREASED ACCORDING TO THE INFLATION FACTOR AS NOTED WITHIN THE SCHEDULE ON THE INFLATION GUARD ENDORSEMENT.

An Inflation Guard Endorsement applies to your Policy. This has automatically increased the limits of liability available for Coverages **A, B, C** and **D** (if purchased) with your renewal. Your premium is based on the rates in effect at the time of your renewal. Higher and lower limits may be available to you for an increase or reduction in premium, respectively. Please read your Policy carefully and discuss your insurance needs with your agent.

NOTICE OF CHANGE IN POLICY TERMS RESTRICTION OF ASSIGNMENT OF BENEFITS APPLIED

NOTICE: No coverage is provided by this notice; it cannot be construed to replace any provision of your policy. You should read your policy and review your Declarations Page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, **THE PROVISIONS OF YOUR POLICY SHALL PREVAIL.**

YOU ARE ELECTING TO PURCHASE AN INSURANCE POLICY THAT RESTRICTS THE ASSIGNMENT OF BENEFITS UNDER THE POLICY IN WHOLE OR IN PART. PLEASE READ CAREFULLY.

THIS POLICY DOES NOT ALLOW THE UNRESTRICTED ASSIGNMENT OF POST-LOSS INSURANCE BENEFITS. BY SELECTING THIS POLICY, YOU WAIVE YOUR RIGHT TO FREELY ASSIGN OR TRANSFER THE POST-LOSS PROPERTY INSURANCE BENEFITS AVAILABLE UNDER THIS POLICY TO A THIRD PARTY OR TO OTHERWISE FREELY ENTER INTO AN ASSIGNMENT AGREEMENT AS THE TERM IS DEFINED IN SECTION 627.7152 OF THE FLORIDA STATUTES.

An Assignment of Benefits endorsement has been applied to your renewal offer. This endorsement *restricts* your ability to execute an agreement to assign or transfer post-loss property insurance benefits to a third party. If you wish to retain the ability to assign your benefits to a third party, please contact your agent. A surcharge will be applied to your policy. Please read your policy carefully and discuss your insurance needs with your agent.

WHAT IS AN ASSIGNMENT OF BENEFITS (AOB)?

An Assignment of Benefits, or an AOB, is a document signed by a Policyholder that allows a third party, such as a water extraction company, a roofer, or a plumber, to file a claim, make repair decisions, and collect insurance payments without the involvement of the Policyholder.

For example, you have a pipe leak in your home that causes water damage. If you call a restoration company to make repairs and sign an AOB that transfers your insurance rights to the restoration company, the restoration company can file a claim on your behalf and be paid directly. Additionally, the restoration company may be able to file a lawsuit against your insurance company.

IS A POLICYHOLDER REQUIRED TO SIGN AN AOB TO HAVE REPAIRS COMPLETED?

No. Policyholders can file a claim directly with their insurance company. Filing a claim directly with the insurer allows the Policyholder to maintain control of the rights and benefits provided by the Policy in resolving the claim.

HOW DOES AN ASSIGNMENT OF BENEFITS IMPACT ME?

An AOB can be helpful with navigating the claims process, but if misused it can lead to harmful consequences. Below are a few things to keep in mind:

- You are signing over the rights and benefits of your insurance policy to a third party.
- Depending on the language in the AOB, the insurance company may only be permitted to communicate directly with the third party and you may lose all rights to the insurance claim, including the right to mediate the claim, or to make any decisions regarding the claim, including repairs.
- Depending on the language in the AOB, the third-party may be able to endorse checks on your behalf.
- Once you have signed an AOB, the third-party may file suit against your insurance company.

For additional information, please visit:

<https://www.myfloridacfo.com/division/consumers/assignmentofbenefits.htm>

<https://www.flair.com/Sections/PandC/AssignmentofBenefits.aspx>