



**To:**  
**From:** GLOBAL RISK PARTNERS LLC  
**Date:** 11/11/2014  
**Insured:**  
**Effective Date:** 11/14/2014  
**Expiration Date:** 11/14/2015  
**Agency Number:** 2810272  
**Premium:** United P & C is pleased to present your quote for Homeowners Insurance coverage in the amount of \$994.00.

**Rating Information**

**Applicant**

<b>Applicant:</b>	<b>Quote Number:</b>	<b>Phone Number:</b>	<b>Birth Date:</b>
	QSH 8087805		

**Location**

<b>Address:</b>	<b>Option Line:</b>	<b>City:</b>	<b>County:</b>
1 KING ST APT		CHARLESTON	CHARLESTON
<b>State:</b>	<b>Postal Code:</b>	<b>Proof Of Prior Insurance:</b>	
South Carolina	29401	Yes	

**Property**

<b>Type of Residence:</b>	<b>Responding Fire Department:</b>	<b>Number of Families:</b>	<b>Construction Type:</b>
Owner Primary	CHARLESTON	1	Superior Construction-Fire Resistive
<b>Year Built:</b>	<b>Protection Class:</b>	<b>Territory:</b>	
1975	03	008	

**Coverage**

<b>Policy Form:</b>	<b>Wind/Hail Deductible:</b>	<b>AOP Deductible:</b>
HO 00 06	Same as AOP	\$1,000.00

Coverage:	Limits (\$):	Premium:
Dwelling:	\$150,000.00	\$636.00
Other Structures:	\$0.00	-
Personal Property:	\$50,000.00	\$227.00
Loss of Use:	\$25,000.00	-
Liability:	\$300,000.00	\$8.00
Medical:	\$5,000.00	\$11.00
Limited Fungi, Wet or Dry Rot or Bacteria		

Section I Limit	\$10,000	INCLUDED
Section II Limit	\$50,000	INCLUDED

Replacement Cost Contents:	Yes	
Wind/Hail Exclusion:	No	
Burglar Alarm:	Not Applicable	
Fire Alarm:	Not Applicable	
Sprinkler:	No Sprinkler Sys Credit	
BCEG:	Ungraded	
BCEG Certificate Year:	0	
<b>Optional Coverage:</b>	<b>Limits (\$):</b>	<b>Premium:</b>
Deductible Adjustment		(\$51.00)
Equipment Breakdown Coverage		\$40.00
Golden Age Credit		(\$13.00)
Earthquake	5%	\$69.00
Loss History Adjustment		(\$13.00)
Non-Smoker Credit		(\$13.00)
Replacement Cost - Contents		\$93.00

2994

Total Premium (12 months):

\$994.00

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## Referral/Declination Reasons

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### Referral/Declination Reasons

*This is a quotation only and is not a binder or a policy. No coverage is in effect at this time. The quotation is an estimate only and is subject to underwriting approval. Changes to coverage and/or rates, as well as other factors, may impact the premium quoted.*

1-Pay: Full Payment = \$994.00

2-Pay: Down Payment = \$596.40, Final Payment = \$397.60 due in 60 days

3-Pay: Down Payment = \$397.60, 2 Additional Payments of \$298.20 due in 60 days and 120 days

4-Pay: Down Payment = \$397.60, 3 Additional Payments of \$198.80 due in 60 days, 120 days and 180 days

11-Pay (EFT only): Down Payment = \$90.35, 10 Additional Payments of \$90.36

*A \$3 service charge applies to each installment on the 2 pay, 3 pay, and 4 pay plans. A \$1 service charge applies to each installment under the 11 pay plan.*

*\* These fees apply in addition to the premiums shown.*



Homeowners Application

Producer Information

Agency Name: GLOBAL RISK PARTNERS LLC
Agency Number: 2810272
Telephone:
Agency Address:

Applicant Information

Applicant Name:
Applicant Name(2):
Mailing Address: 1 KING ST APT
Extended Mailing Address:
City/State/Postal Code: CHARLESTON SC 29401
Home Phone:

Policy Information

Quote Number: QSH 8087805
Total Premium: \$994.00
Customer Number:
Effective Date: 11/14/2014
Expiration Date: 11/14/2015
Term: 12 months
Previous Carrier: TRAV
Prior Premium: \$871.00 x-Quake
Prior Policy Number: 9786979456361
Payment Option: Full Pay
UPC Flood Policy in effect?:
Flood Policy #: 98236410002013
Remarks:
Non-Smoker: Yes

Named Insured

First Named Insured:
Date of Birth:
Marital Status: Single
Occupation: Self Employed

Property Location

Address: 1 KING ST APT
Option Line:
City: CHARLESTON
County: CHARLESTON
State: South Carolina
Postal Code: 29401

General Information

Construction: Superior Construction-Fire Resistive
Number of Families: 1
Roof Type: Not Applicable
Residency Type: Owner Primary
Year of Construction: 1975
Dwelling Type: Condominium
Structure Type: Single Story
Square Feet: 1193
Replacement Cost: \$101,900.00
Wind Pool: Not in Wind Pool
Primary Heat System: Central/Electric

Location Protection

Territory: 008
Protection Class: 03
Responding Fire Department: CHARLESTON
Distance from Fire Station: Less than 5 miles
Distance from Fire Hydrant: Less than 1000 feet
Is dwelling located inside city limits?: No

Renovations

Renovation: Wiring
Year of Renovation: 1991
Renovation: Plumbing
Year of Renovation: 1991
Renovation: Heating
Year of Renovation: 1991
Renovation: Roofing
Year of Renovation: 1992

## Coverage

Property Form:  
HO 00 06

Wind/Hail AOP  
Deductible: Deductible:  
Same as \$1,000.00  
AOP

Coverage:	Limits:	Premium:
Dwelling:	\$150,000.00	\$636.00
Other Structure:	\$0.00	-
Personal Property:	\$50,000.00	\$227.00
Loss of Use:	\$25,000.00	-
Liability:	\$300,000.00	\$8.00
Medical:	\$5,000.00	\$11.00
Limited Fungi, Wet or Dry Rot or Bacteria		
Section I Limit	\$10,000	INCLUDED
Section II Limit	\$50,000	INCLUDED
Replacement Cost Contents:	Yes	
Wind/Hail Exclusion:	No	
Burglar Alarm:	Not Applicable	
Fire Alarm:	Not Applicable	
Sprinkler:	No Sprinkler Sys Credit	
BCEG:	Ungraded	
BCEG Certificate Year:	0	
Is coverage being converted from UPC Consumers Builders Risk policy?	No	
Has insured maintained continuous coverage for past 3 years?	Yes	
<b>Optional Coverage:</b>	<b>Limits:</b>	<b>Premium:</b>
Deductible Adjustment		(\$51.00)
Equipment Breakdown Coverage		\$40.00
Golden Age Credit		(\$13.00)
Earthquake	5%	\$69.00
Loss History Adjustment		(\$13.00)
Non-Smoker Credit		(\$13.00)
Replacement Cost - Contents		\$93.00
<b>Total Premium for Policy:</b>		<b>\$994.00</b>

## Loss History

Applicant's Initial \_\_\_\_\_

Any losses, whether or not paid by insurance, during the last three years, at this or any other location?

## Referral/Declination Reasons

Referral/Declination Reasons

## Prequalification Questions

- |    |   |
|----|---|
| No | 1. Is the dwelling currently vacant and held for sale?  |
| No | 2. Is there a trampoline or skateboard ramp on premises?  |
| No | 3. Is the dwelling over 50 years old and all systems (electrical, heating, plumbing, roof) have NOT been replaced within the last 15 years? |
| No | 4. Is the dwelling owned by a corporation, business, partnership, LLC or land trust?  |
| No | 5. Is the dwelling a mobile home, log home, manufactured home?  |
| No | 6. Is the risk a farm?  |
| No | 7. Does the dwelling currently have any unrepaired or existing damage?  |
| No | 8. Does the insured have a swimming pool with a diving board and/or slide?  |
| No | 9. Is the roof Wood Shingle or Flat over any Portion of living Space?   |
| No | 10. Is the roof composition/asphalt shingle or metal and over 20 years old?   |

## Insured's Statement

- |    |  |
|----|--|
| No | 1. Any business conducted on premises, including day/child care? If yes, please provide further details. |
|----|--|

**Remarks:**

- |    |   |
|----|---|
| No | 2. Any full time residence employees? If yes, please provide further details. |
|----|---|

**Remarks:**

- No 3. Any other insurance with this company? If Yes, list policy number(s).  
**Remarks:**
- No 4a. Does applicant or any tenant own any animal(s)? If yes, please provide type and breed of animal.  
**Remarks:**
- 4b. If Yes, and it is a dog, is it an Akita, Amer. Bulldog, Chow, Doberman, Pit Bull, Presa Canario, Rottweiler, Staffordshire Terrier, Wolf or any mix containing these breeds; or a trained guard or attack dog; or a dog trained for military or police use?  
**Remarks:**
- 4c. If Yes, to 4a, does applicant or any tenant have any exotic pets, livestock, farm animals or animals with bite history?  
**Remarks:**
- No 5. Is property situated on more than 5 acres? If Yes, describe land use.  
**Remarks:**
- No 6. Has applicant had a foreclosure, repossession, lien, judgement or bankruptcy during the last 5 years? If yes, please provide further details.  
**Remarks:**
- No 7. Does the applicant(s) own any recreational vehicles (snowmobiles, jet skis, mini bikes, ATVs, etc)? If Yes, list year, type, make, model, insurance carrier.  
**Remarks:**
- Yes 8a. Is the insured requesting earthquake coverage?  
**Remarks:** yes
- No 8b. If Yes, is the construction of the dwelling masonry or masonry veneer?  
**Remarks:**
- No 9. During the last 10 years, has any applicant been convicted of any degree of the crime of arson? If yes, provide further details.  
**Remarks:**
- No 10. Was the structure originally built for other than a private residence and then converted? If yes, provide further details.  
**Remarks:**
- No 11a. Is there an underground fuel tank on premises?  
**Remarks:**
- 11b. If "Yes", has other insurance been obtained for the tank? (Give First Party and limit and Third Party and limit.)  
**Remarks:**
- No 12a. Is there a swimming pool on the property?  
**Remarks:**
- 12b. If Yes, is it fully fenced or screened?  
**Remarks:**
- No 13. Has coverage been declined, cancelled or non-renewed during the last 3 years for underwriting reasons or has there been a lapse in coverage for any reason? If yes, please provide further detail.  
**Remarks:**
- No 14. Has the insured had any claims, including weather related claims, in the last 36 months? If yes, provide further detail.  
**Remarks:**
- No 15. Is the property owned in part or wholly by a trust? If answer is yes, please provide completed trust questionnaire.  
**Remarks:**
- No 16. Does the dwelling have an open foundations? If answer is yes, please provide further details.  
**Remarks:**
17. If the home is over 50 years old, is there a current 4 point inspection showing all systems (electrical, heating, plumbing, roof) in good condition?  
**Remarks:**
- No 18. Is dwelling undergoing construction or renovation? If Yes, please provide estimated completion date and dollar value.  
**Remarks:**
- No 19. Is the property titled/deeded to a LLC, LLP, Corporation, or other business structure?  
**Remarks:**

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## Supplemental Application

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**Insurance Binder:** 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.

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. 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. 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.

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**Coverage for animal liability is specifically limited to an amount not to exceed \$25,000.**

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**Notice of Insurance Practices:** Personal information about you including information from a credit report may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

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**Fraud Statement:** 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, commits a fraudulent insurance act which is a crime and subjects the person to criminal and civil penalties.

**If the policy premium has not been paid prior to cancellation, no coverage will have been considered bound and the policy will be rescinded as of its inception and will be considered null and void.**

**Applicant's Statement:** I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

**This is also to confirm I am aware the policy excludes all liability coverage caused by any animal owned or kept by any insured or tenant unless such liability is specifically provided by endorsements.**

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

X Applicant's Signature x \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Agent/Producer x \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time \_\_\_\_\_

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## This Application is NOT BOUND.

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### Payment Plan Options

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1-Pay: Full Payment = \$994.00

2-Pay: Down Payment = \$596.40, Final Payment = \$397.60 due in 60 days

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*A \$3 service charge applies to each installment on the 2 pay, 3 pay, and 4 pay plans. A \$1 service charge applies to each installment under the 11 pay plan.*

*\* These fees apply in addition to the premiums shown.*

PLEASE REMIT PAYMENT TO:

United Property & Casualty Insurance Company  
PO Box 31512, Tampa, FL 33631-3512