

THIS POLICY MEETS THE DEFINITION OF PRIVATE FLOOD INSURANCE CONTAINED IN
42 U.S.C. SECTION 4012a(b)(7) AND THE CORRESPONDING REGULATION.

Insurance is effected with
Indian Harbor Insurance Company.
Percentage: 100%

Type: Renewal
Policy Number: ASR4567890
Transaction Effective Date: 11/27/2023
Flood Zone: AE

MAKE CHECKS PAYABLE TO:
Neptune Flood Incorporated
PO Box 123456
Chicago, IL 60673-5653
For payment questions call (123)456-7890

Effective from 11/27/2023 to 11/27/2024 both days at 12:01 am

Form: General Property
Property Location:
4567 8th St
SAN DIEGO, CA 92154
County: SAN DIEGO

Producing Agent:
Dallas of California LLC dba Dallas Pacific
Insurance Services
1234 5th St. #678
La Mesa, CA 91942
Phone: (123)456-7890
Agent Number: FL12345
Producer: Dallas Frias

Named Insured(s): The
Crossroads Village, Jordan Dallas
Frias, Dylan Frias
Mailing Address:
PO Box 12345
Santa Ana, CA 92711 US

Coverages & Premiums at the Premises:	Coverage	Limit of Liability	Annual Premium
	A. Building Property	\$376,200	\$5,829.00
	B. Business Personal Property	\$5,600	\$68.00
	C. Other Coverages		
	Debris Removal	Included	Included
	Sandbags, Supplies, and Labor	\$1,000	Included
	Property Removed to Safety	\$1,000	Included
	Pollution Damage	\$10,000	Included
	D. Increased Cost of Compliance	\$30,000	Included
	I. Business Interruption	\$0	\$0.00
	J. Loss of Rental Income	\$0	\$0.00
	Deductible*	\$2,000	\$0.00

**In each flood loss, the Deductible amount applies separately to Building Property (Coverage A) and Personal Property (Coverage B)*

Forms attached hereto:	NCF POL 2022 07	Total Annual Premium	\$5,897.00
XL CASOP 0118	NCF MEP 2022 07	Policy Fee	\$300.00
PN CW 01 0123	PN CA 02 0119	Surplus Lines Tax	\$185.91
PN CW 02 0119	PN CA 05 0120	Stamping Fee	\$11.15
PN CW 05 0519	FHA AID	Total Policy Charges	\$6,394.06

IN THE EVENT OF A CLAIM:
Dallas Insurance Bureau 1234
5th Road
Apopka, FL 32712
Phone: (123)456-7890
Email: fakeemail@gmail.com

First Mortgagee:
Dallas Premier Bank ISAOA
P O Box 123456
Kennesaw, GA 30156-9273
Reference #:1234567891

SPECIAL PROVISIONS:

THIS POLICY MEETS THE DEFINITION OF PRIVATE FLOOD INSURANCE CONTAINED IN 42 U.S.C. SECTION 4012a(b)(7) AND THE CORRESPONDING REGULATION.
THIS POLICY CANNOT BE CANCELLED WITHOUT A VALID REASON AFTER INCEPTION, PLEASE REFER TO YOUR POLICY FOR THE CANCELLATION PROVISIONS.

Surplus Lines Agent Name and Address: Dallas Frias, Dallas Flood Inc., 123 4th St S, St. Petersburg, FL 33701
License Info: License #: **0123456**, Dated: 9/9/2023, Signature of Surplus Lines Agent:

DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 3 of This Form)

1. Dallas Frias hereby submits that he/she is:

(Full Name of the Individual)

(A) Duly licensed under California Department of Insurance license number _____;

OR (B) Duly licensed and authorized to act as an endorsee on the organizational license of

Dallas Flood Incorporated, California Department of Insurance license number 0123456;

(Name of Organization)

and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report;

and (D) is the licensee who performed or supervised this diligent search.

2. (A) Name of Insured The Crossroads Village

(B) Address of Insured PO Box 12345

(Street and Number)

Santa Ana, CA 92711

(City) (State) (Zip Code)

(C) Description of Risk Commercial Building

(e.g. Laundromat, liquor store, ...NOT TYPE OF COVERAGE)

(D) Location of Risk 4567 8th St

(Street and Number)

SAN DIEGO, CA 92154

(City) (State) (Zip Code)

(E) Type of Insurance coverage 990 - ALL RISK COMMERCIAL PROPERTY - COMMERCIAL PROPERTY

(Enter Appropriate Code Number from Pg. 3)

3. If **Private Passenger Automobile Liability Insurance** is identified on line 2(E), complete the following:

(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?

(CHECK ONE) YES ☐ NO ☐

(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

(CHECK ONE) YES ☐ NO ☐

(C) If YES, has this risk been submitted to and found to be ineligible by CAARP?

(CHECK ONE) YES ☐ NO ☐

If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)

4. If **Health Insurance** is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code? (CHECK ONE) YES ☐ NO ☐

5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with **risk purchasing groups** authorized by the Federal Liability Risk Retention Act of 1986, complete the following:

(A) Provide the name and address of the purchasing group of which the insured is a member _____

6. (A) Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):

Broker searched the CA Department of Insurance site for admitted private standalone flood insurers

(B) If search was performed by someone **other** than the person named on line 1, please provide full name of that individual: _____

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)? **(CHECK ONE)** YES ☐ NO ☒

(B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8:

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	/	
2.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	/	
3.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	/	

*Declination Codes: 1 - Company's capacity reached 2 - underwriting reason 3 - refused to state 4 - other

8. If 7(A) was answered NO, complete the following:

- (A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? **(CHECK ONE)** YES ☒ NO ☐

(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance. _____

(C) If YES, please describe how you made this determination. _____
CA DOI website search of admitted carriers for standalone private flood

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

(Signature of Licensee Named on Line 1)

9/9/2023
(Date)

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check ONE box only:

☐ The following information, accompanied by a copy of the declarations page or certificate or binder, is submitted for an insurance coverage or risk listed on the current California Department of Insurance Export List. (California Insurance Code Section 1763.1)

☒ The following information, accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form), is submitted in accordance with California Insurance Code Section 1763(a).

1. Dallas Frias hereby submits that he/she is:

(A) a duly licensed surplus line broker, license number _____; or,

(B) a transactor on the surplus line license of Dallas Flood Incorporated
(Name of Organization)

(C) 0123456 and,
(License Number)

that he/she or said organizational licensee was engaged by the insured, or the insured's broker, named herein, to obtain insurance against certain risk as described in this report.

2. RISK DESCRIPTION

(A) Name of Insured The Crossroads Village

(B) Address of Insured PO Box 12345
(Street and Number)
Santa Ana, CA 92711
(City) (State) (Zip Code)

(C) Description of the Risk Commercial Building
(e.g. Laundromat, Liquor Store, **NOT TYPE OF COVERAGE**)

(D) Location of the Risk 4567 8th St
(Street and Number)

SAN DIEGO, CA 92154
(City) (State) (Zip Code)

(E) Export List Code OR Coverage Code 990 - ALL RISK COMMERCIAL PROPERTY - COMMERCIAL PROPERTY

(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. PLACEMENT DESCRIPTION

List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium. (Include an attachment if additional space is needed or attach a line slip) **If GAP provision applies, please include GAP Exemption Form-Attachment.**

<u>NAME OF NONADMITTED INSURER(S)</u>	<u>% OF PREMIUM</u>
<u>Indian Harbor Insurance Company</u>	<u>100%</u>
_____	_____
_____	_____

_____	<u>9/9/2023</u>
(Signature of Person Named on Line 1)	(Date)