



300 Arboretum Place, Suite 410  
 Richmond, VA 23236  
 1-800-366-7475 or 1-804-330-4652  
 Fax 1-804-330-9485  
[www.allrisks.com](http://www.allrisks.com)

## PERSONAL LINES BINDER

Insured Name and Mailing Address	Mortgagee – Name, Mailing Address, Loan Number
<b>GALLAS, BRANDON</b> <b>4430 9TH ST NW</b> <b>WASHINGTON</b> <b>DC</b> <b>20011</b>	

Type of Insurance	<b>Dwelling Fire</b>
Company	<b>Certain Underwriters at Lloyds</b>
Program/Form/Description	<b>239/DP-1Builders Risk</b>
Policy Number	<b>PLF-6009459</b>
Effective Date (from - to)	<b>12/12/2015 - 06/12/2016</b>

Covered Risk Address (if different to Mailing Address)
<b>Same as mailing address</b>

## COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Building - Fire, EC, V&MM	<b>\$448,000</b>		<b>\$1,000 (All Other Perils)</b>

Optional Coverage - Liability	Limit
Personal Liability - Premises Coverage for Owner (excludes Construction Operations)	<b>\$300,000</b>

## Notes

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Basic Premium	<b>\$1,307.00</b>
Surplus Lines Tax	<b>\$26.14</b>
Inspection Fee	<b>\$0.00</b>
Filing Fee	<b>\$0.00</b>
Policy Fee	<b>\$85.00</b>
Total Premium	<b>\$1,418.14</b>
Minimum Earned Premium	<b>50.0% at inception</b>

Date Prepared	<b>12-11-2015</b>
Agency	<b>GEICO INSURANCE AGENCY INC</b>

This binder will be cancelled if all required documentation is not received within 7 days from the date prepared.

**Notice to Insured and Agent: Action Required**

This Binder is contingent upon All Risks receipt of the following information within 7 days of the effective date of coverage:

- Signed and Dated Application;
- Surplus Lines Affidavit, Disclosure or Declining Carrier form , if applicable as required by state statute;

**Failure to return complete information within 7 days of effective date of coverage will result in Direct Notice of Cancellation being sent to Insured.**

The premium, terms and conditions are based on the information provided during the quote process. Premium, Terms and Conditions are subject to change if underwriting or rating information changes.

Premium is subject to the minimum earned percentage as outlined in the quote and attached Binder.

No Flat Cancellations permitted.

Policy Fees are 100% earned at inception.



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## PERSONAL LINES APPLICATION

Applicant Name and Mailing Address	Mortgagee Name, Mailing Address, Loan Number
<b>GALLAS, BRANDON</b> <b>4430 9TH ST NW</b> <b>WASHINGTON</b> <b>DC</b> <b>20011</b>	

Type of Insurance	<b>Dwelling Fire</b>
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## COVERAGES AND LIMITS OF LIABILITY

Coverage - Property	Limit	Loss Provision	Deductible
Building - Fire, EC, V&MM	<b>\$448,000</b>		<b>\$1,000 (All Other Perils)</b>

Wind/Hail Coverage Excluded? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

Optional Coverage - Liability	Limit
Personal Liability - Premises Coverage for Owner (excludes Construction Operations)	<b>\$300,000</b>

## DWELLING INFORMATION

New Construction / renovation	Year Built	Construction Type	Protection Class	Sq Ft	No. of Stories	Fire Alarm Type	Protective devices
<b>Renovation</b>	<b>1912</b>	<b>All Other Construction</b>	<b>6</b>	<b>3,000</b>	<b>3</b>		

If Previously vacant, since when	Sprinklered	Locked	Fenced	Boarded	New Purchases (n/a if previously occupied)
	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	

Distance To Coastal Waters : **5+ miles**

Intended use of building: **PRIMARY RESIDENCE**

Is the renovation structural or non-structural?: **Structural**

Extent of renovation : **BUILDING AN ADDITON ONTO THE TOP AND THE BACK OF THE RESIDENCE**

Are renovations being done by a licensed contractor and not the insured? \_\_\_\_\_ ☒ Yes \_\_\_\_\_ No



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### PRIOR LOSS HISTORY

Number of losses in prior 3 years? 0

Date	Type of Loss	Description	Insurance Company Name	Amount Paid or Reserved
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### GENERAL INFORMATION

Is the risk in the name of a corporation, LLC or LLP? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

In the last three years has any company cancelled, declined or refused to issue similar insurance to the applicant? \_\_\_\_ Yes \_\_\_\_ No

If so, explain \_\_\_\_\_

### AGENCY INFORMATION

Agency **GEICO INSURANCE AGENCY INC**  
 Agency Address **ONE GEICO BLVD, FREDERICKSBURG, VA, 22412**  
 Contact Name \_\_\_\_\_ Phone # **1(855) 820 5807**  
 Fax# **1(877) 303 1517** Email Address \_\_\_\_\_

NOTICE OF INSURANCE INFORMATION PRACTICES : Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent 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/broker for instruction on how to submit a request to us.

FL Residents Only : 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 (817.234).

NJ Residents Only : ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

VA Residents Only : 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 (52-40).

Note to Agents : No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE : \_\_\_\_\_ DATE \_\_\_\_\_

Producer : How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATE \_\_\_\_\_

			<b>ENDORSEMENT NO. _____</b>
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
<b>PLF-6009459</b>	<b>12/12/2015</b>	<b>GALLAS, BRANDON</b>	

### SCHEDULE OF FORMS

S.No	Document Identifier	- Version Date	Document Name
1	ARF9221	- 3/04	DWELLING POLICY DECLARATION
2	ARF9077		LLOYDS OF LONDON MINIMUM EARNED CANCELLATION
3	ARF1779	- 10/96	SCHEDULE OF FORMS
4	ARF9141		LLOYDS CERTIFICATE
5	LMA5020		LLOYDS OF LONDON SERVICE OF SUIT CLAUSE
6	LSW1135B	- 6/03	LLOYDS PRIVACY POLICY STATEMENT
7	NMA1191		RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
8	NMA1331		CANCELLATION CLAUSE
9	NMA2341		LAND, WATER AND AIR EXCLUSION
10	NMA2342		SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION
11	NMA2802		ELECTRONIC DATE RECOGNITION EXCLUSION (EDRE)
12	NMA2915		ELECTRONIC DATA ENDORSEMENT B
13	NMA2918		WAR AND TERRORISM EXCLUSION ENDORSEMENT
14	NMA2962	- 2/03	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
15	LMA5018		MOLD, FUNGUS, BACTERIA, VIRUS & ORGANIC PATHO
16	ARF9720		SECURED VACANT BUILDING WARRANTY
17	DL2401	- 7/88	PERSONAL LIABILITY - AGREEMENT
18	DL2402	- 7/88	PERSONAL LIABILITY ADDITONAL POLICY CONDITIONS
19	DL2411	- 7/88	PREMISES LIABILITY (NON-OWNER OCCUPIED DWGS)
20	DP0001	- 7/88	DWELLING PROPERTY 1 BASIC FORM
21	ARF6458	- 0909	PERMITTED VACANCY CLAUSE
22	DP1143	- 7/88	DWELLING UNDER CONSTRUCTION
23	L-433	- 03/98	TRAMPOLINE EXCLUSION
24	L-490	- 04/00	ANIMAL EXCLUSION
25	L-313	- 7/03	EXCLUSION OF OPERATIONS PERFORMED BY CONTRACTORS
26	DP 0108	- 1094	DC CONSIDERATIONS
27	LSW1001		SEVERAL LIABILITY NOTICE
28	LMA5021		APPLICABLE OF LAW CLAUSE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE