

Insurance Quote for:

Tru Dream Enterprises Llc

20 Alden Ave. Portsmouth, VA 23702

Effective Date: 05/13/2022

Proudly offered by:



This proposal is not a binder of insurance. Please review the terms and conditions carefully as they may differ from your current policy. The document is to be presented in its original form and may not be altered in any way.



QUOTE

We are pleased to provide you with a RealProtect property and general liability quote based on the information that you provided on your application dated **05/13/2022** for:

Insured: Tru Dream Enterprises Llc

20 Alden Ave. Portsmouth, VA 23702

Property: **\$133,000.00** Loss of Rent: **\$0.00** Liability: **\$1,000,000 occurrence** / **\$2,000,000 aggregate**

Your insurance premium is based on the deductible that you choose from among the three options quoted below. For any questions, please contact your insurance services agent at 1-800-579-0652.

| HAZARD DEDUCTIBLE OPTIONS | YOUR PREMIUM | | | |
|---------------------------|--|--|--|--|
| \$2,500.00 | Hazard Premium: \$918.00 Policy Fee: \$25.00 Liability Premium: \$110.00 Surplus Lines Tax: \$25.38 Builder's Risk: \$75.00 Total Amount Due: \$1,153.38 (This Quote is for a 1 Year Policy) | | | |
| \$5,000.00 | Hazard Premium: \$872.00 Policy Fee: \$25.00 Liability Premium: \$110.00 Surplus Lines Tax: \$24.35 Builder's Risk: \$75.00 Total Amount Due: \$1,106.35 (This Quote is for a 1 Year Policy) | | | |
| \$7,500.00 | Hazard Premium: \$849.00 Policy Fee: \$25.00 Liability Premium: \$110.00 Surplus Lines Tax: \$23.83 Builder's Risk: \$75.00 Total Amount Due: \$1,082.83 (This Quote is for a 1 Year Policy) | | | |

Please note: Your quote is valid for 15 days from the time of application. Invoice has to be paid in full within 30 days to obtain coverage. If this Insurance is cancelled by you, the Underwriters shall retain a short rate premium as per the schedule in the policy.

Property Investors RealProtect



OVERVIEW

INVEST & PROTECT

Property Investors RiskSecure is a specialized property and liability insurance package designed to meet the unique needs of individuals and organizations who look to protect and grow their property investment portfolio and rental income opportunities. From independent landlords and property management professionals to financial institutions, REITs and property investment groups, RiskSecure delivers coverage and claims support to allow you to focus on your rental or rehab operation with confidence.

Comprehensive coverage for diverse real estate portfolios and needs:

- Residential 1 to 4 family homes
- Condos
- Land Contract/Seller Financing Transactions
- Builders Risk coverage for properties under construction or renovation
- Direct loss or damage from mechanical breakdown or electrical related failure (exclusions apply)







PROPERTY PERIL & COVERAGE SUMMARY

Below is a summary list of coverage, conditions and warranties associated with the RiskSecure insurance offering. Please review your policy carefully to be fully aware of your coverage terms and conditions.

Replacement Cost / Coverage Details

| Perils | Coverage | Perils | Coverage |
|-----------------------------------|-----------|---|----------|
| Loss of Rents | 12 months | Power Failure | No |
| Fire & Lightning | Yes | Neglect, War & Nuclear Hazard | No |
| Explosion | Yes | Seepage and/or Pollution and/or Contamination | No |
| Aircraft & Vehicles | Yes | Governmental Action | No |
| Riot & Civil Commotion | Yes | Building Ordinance/Law | Optional |
| Vandalism & Malicious Mischief | Yes | Reverse Flow of Sewers/Drains | Optional |
| Glass Breakage | Yes | Course of Construction | Optional |
| Falling Objects | Yes | Freezing | Limited |
| Weight of: Ice, Snow or Sleet | Yes | Mold | Limited |
| Theft | Yes | Other Structures | Limited |
| Smoke | Yes | | |
| Debris Removal | Yes | | |
| Windstorm or Hail | Yes | | |





PROPERTY PERIL & COVERAGE SUMMARY (continued)

Loss Settlement

Coinsurance is waived and loss settlement is based upon the replacement cost valuation if rebuilt. Covered loss to roofs over 15 years are adjusted at Actual Cash Value.

| | Single Family | Condo | |
|-----------------------------|----------------------|----------------------|--|
| Replacement Cost Minimum | \$80/sf ² | \$40/sf ² | |

Deductibles

| Property Coverage | Deductible(s) | | |
|--|---|--|--|
| All Perils Except Wind/Hail | Choose among: \$2,500, \$5,000, \$7,500 | | |
| Wind/Hail and Named Storm OK and non-coastal TX | Greater of Deductible or 2% of Total Insured Value | | |

Vacant Property

Coverage is provided while properties are being renovated and between renters. Builders risk endorsement is often required by lenders.

* Exclusions Apply





INSURANCE COVERAGE

GENERAL LIABILITY

Below is a summary list of coverage, conditions and warranties associated with the RiskSecure insurance offering. Please review your policy carefully to fully be aware of your coverage terms and conditions.

| Each occurrence limit per property | \$1,000,000 |
|---|-------------|
| Per property annual aggregate | \$2,000,000 |
| Fire damage | \$50,000 |
| Medical expenses (any one occurrence) | \$1,000 |
| Sublimit liability coverage for sexual molestation | \$15,000 |
| Sublimit liability coverage for assault and battery | \$15,000 |
| Sublimit liability coverage for animal bites | \$5,000 |
| Sublimit liability coverage for airborne material | \$1,500 |

Exclusions

Excluded: Contents coverage

Excluded locations: Detroit, Michigan and Monroe County, Florida

All properties used for business activity/purpose are excluded from this property insurance program. If you are using your property for any business purpose please do not complete and submit this form as your property is not eligible for coverage under the terms of the RiskSecure insurance program. Examples of ineligible business/purpose activities include but are not limited to: elderly/ senior term care facility, hospice care facility, palliative care facility, sobriety and/or drug treatment facility, home day care center, assisted living care etc. If you have any questions regarding this exclusion or are in need of further business activity clarification, please immediately call our insurance agents.

PROPERTY INFORMATION VERIFICATION

ISSUE DATE: 05/13/2022

| PLEASE VERIFY THAT THE PLEASE EMAIL US AT: sale | | | RRECT. IF ' | THER | E'S AN ERROR WITH TH | E INFORMATION BELOW, |
|--|--|---|------------------------------|----------------|--|---|
| AGENCY RealProtect 434 Green St. NE Gainesville, GA 30501 | | COMPANY Fortegra Specialty Insurance Company c/o OSC 3550 George Busbee Pkwy NW, Suite 300 Kennesaw, GA 30144 | | | | |
| PHONE NUMBER 1-800-579-0652 | | | otect.com | | ERENCE NUMBER EAM7106 | |
| INSURED Tru Dream Enterprises Llc need Need, VA Need | | | EFFECTIVE DATE 05/13/2022 | | EXPIRATION DATE 05/13/2023 | |
| PROPERTY INFORMATIO | N | | | | | |
| LOCATION/DESCRIPTION 20 Alden Ave. Portsmouth, VA 23702 | LOCATION/DESCRIPTION PROPERTY TYPE 20 Alden Ave. Single Family Residence | | | | | |
| NOTWITHSTANDING ANY WHICH THIS EVIDENCE O | REQUIREMEN F PROPERTY IN IN IS SUBJECT | Γ, TERM OR CON SURANCE MAY ΓΟ ALL THE TEH | NDITION O BE ISSUEI | F AN O OR N | Y CONTRACT OR OTHER MAY PERTAIN, THE INSU | E POLICY PERIOD INDICATED. R DOCUMENT WITH RESPECT TO JRANCE AFFORDED BY THE F SUCH POLICY. LIMITS SHOWN |
| COVERAGE INFORMATIC | DN | | | | | |
| Coverage / Perils / Forms | Amount of Insurance | | | Deductible | | |
| Property Coverage Loss of Rent Liability | tent \$0.00 | | ite | | | |
| REMARKS (Including Special Conditions) | | | | | | |
| Make Payments Payable To: OSC P.O. Box 692 Kennesaw, GA 30156 | | | | | | |
| CANCELLATION | | | | | | |
| SHOULD ANY OF THE AB BE DELIVERED IN ACCO | | | | | EFORE THE EXPIRATION | ON DATE THEREOF, NOTICE WILL |
| ADDITIONAL INTEREST | | | | | | |
| NAME AND ADDRESS | | IORIZED REPRESENTATIVE | | | | |
| RealProtect - 5205001 | | | L | | | |

realprotect

REQUEST TO BIND

Named Insured:

Quote Reference:

Deductible Options:

\$2,500

\$5,000

\$7,500

Requested Effective Date:

By signing below, I certify that I am the owner or manager of the property quoted in the proposal sent to me from **realprotect**. I have reviewed and confirm that the information on the Property Information Verification form is correct. Premiums shall be due in full upon binding for all non-escrowed property. Escrowed premiums will be due within 10 days of binding. I further understand that Terrorism coverage is specifically excluded from the policy, the \$25.00 policy fee is fully earned, that cancellation provisions are based upon the time the policy was in force and are contained in the policy. I further agree to electronic delivery of all policy documents, notices and invoices per the attached disclosure.

| Signature: | | Date Signed: |
|----------------------------------|--------|----------------|
| (Insured or Principal of Entity) | | 1 |
| Print Name: | | Date of Birth: |
| (of above signer) | | (MM/DD/YEAR) |
| Insured/Principal Home Address: | | |
| ~ | - TRAN | |
| City: | State: | Zip Code: |
| Billing/Mailing Address: | | |
| Diffing/ Waiting / Kaaress | | |
| City: | State: | Zip Code: |
| | | |
| Phone Number: | | |
| E 1 A 11 | | |
| Email Address: | | |

NO PROPERTY IS BOUND UNTIL realprotect RECEIVES THIS FULLY EXECUTED FORM

realprotect

PAPERLESS CONSENT



DISCLOSURE AND CONSENT

The parties to this Disclosure and Consent are the policyholder or prospective policyholder ("you" or "your") and realprotect & Affiliated Agency Names ("we," "us," "our," or "the company")

- This Disclosure and Consent provides valuable information about your rights. By agreeing to the terms of this Disclosure and Consent, you agree to:
 - 1) Do business with us electronically;
 - 2) Use electronic signatures in your dealings with us;
 - 3) Receive in electronic format information, notices, offers, disclosures, documents and/or communications (referred to collectively as "communications")
 - that we are required by law to provide to you in writing relating to your application for insurance or your insurance policy; and
 - 4) Receive other communications from us in electronic format.

Please read this Disclosure and Consent carefully and print or retain a copy for your records.

Scope of Communications to Be Provided in Electronic Format. You agree that we may provide you with all communications in electronic format, and that we may discontinue sending paper communications to you. We may, at our election, continue to provide some or all communications to you in paper format, and will not transmit electronic communications to you where such transmission is prohibited by law. You may at any time withdraw your consent to receive communications electronically, utilizing the procedures set forth below. You may, without cost, request a paper copy of any communication that we provide to you electronically.

Method of Providing Communications to You in Electronic Format. All communications we provide to you in electronic form will be provided either (1) via email, (2) via access to a secure website, (3) via downloadable PDF, (4) via posting on our website, or a combination of these methodologies. Any method of delivery will be clearly communicated to you and will be consistent with legal provisions governing electronic delivery in your state.

How to Withdraw Consent. You may withdraw your consent at any time by sending an email to the sender and in the body of such email including your request to withdraw your consent, your email address, your full name, your US Postal address and your telephone number. We will not impose any fee to process the withdrawal of your consent to receive electronic communications and transactions. If, however, a discount is given now or in the future for conducting business electronically, a withdrawal of consent could result in the elimination of any such discount.

If you reside in the State of Arizona, your withdrawal of consent will become effective seven (7) days after our receipt of your withdrawal of consent. Otherwise, your withdrawal of consent will become effective ten (10) days after our receipt of your withdrawal of consent.

How to Update Your Records. It is your responsibility to provide us with an accurate, complete and valid email address and other information we may reasonably request, related to this Disclosure and Consent or your insurance policy in order to provide electronic communications to you. You agree to maintain and promptly update us with any changes to this information. You may update your email address and contact information by contacting us at 1-800-579-0654, or by contacting your local agent.

Hardware and Software Requirements. In order to access, view and retain electronic communications that we make available to you, you must have:

- A device, such as a desktop computer, laptop, smartphone or tablet computer, with the capability of accessing the internet and receiving, accessing, displaying and either printing or storing communications received from us in electronic format. [via a plain text formatted email or by access to our website];
- An internet browser, including Internet Explorer 9 or higher, Chrome, Safari, Firefox, with Java Script and Cookies enabled;
- A printer capable of printing the documents we provide to you electronically, or the electronic storage capacity either on your device or in a stand-alone storage device -- adequate to store the communications we provide to you electronically;
- A valid email account and the necessary hardware and software to access that account;
- The ability to view, print and/or retain communications in PDF format.

If you have any trouble accessing, viewing, retaining or printing any electronic communications that we send you, please contact us. We are not responsible for inability to access, view, retain or print any electronic communication when such inability is due to a failure on the part of your device, hardware, software, internet or telecommunications provider, your failure to pay your provider, or other error by you or anyone other than us. We do not warrant that the electronic delivery of communications will be error free or uninterrupted. We are not responsible for any equipment or systems problem that is beyond our reasonable control.

Requesting Paper Copies. After you consent to the use of electronic communications, we will not send you a paper copy of communications covered by this Disclosure and Consent a unless you request it, the provision of a paper copy is required by law, or we, in our sole discretion, deem it appropriate to do so. You may obtain paper copies by: (1) printing the record at your

printer; (2) sending an email to the sender and in the body of such email include your request for a paper copy, your email address, your full name, your US Postal address and your telephone number; or (3) contacting your agent.

Paperless Disclosure and Consent

Communications in Writing. All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this Disclosure and Consent and any other communication that is important to you.

Electronic Signatures. You agree that any documents, notices or other communications between you and us which require signature may be executed electronically. You acknowledge and understand that by selecting an option in a drop-down box, check box or other online representation of choices, by clicking a button, or by otherwise taking any action indicating your acceptance or agreement of a given document or communication, you undertake such action with the express intention that such action represents an intent to sign that document or communication and signify your acknowledgement and agreement to the stated provisions. If contacting us by telephone, you hereby authorize us to make such selections on your behalf, pursuant to your express instructions, with the same effect as if you had physically made such selections. By electronically executing this Disclosure and Consent, and completing the registration process for electronic delivery, you demonstrate your intent to sign documents electronically.

Termination/Changes. We may amend the terms of the Disclosure and Consent at any time by providing notice to you. If you do not agree to the amendment(s), you may withdraw your consent to receive communications electronically and use electronic signatures. You may withdraw your consent as set forth in the foregoing section, How to Withdraw Consent.

State Specific Notices. The following notifications are required by law in the states indicated. Such notifications are applicable only to the residents of the indicated states, and this Disclosure and Consent remains in full force and effect, subject only to any modifications required by such notifications.

GEORGIA RESIDENTS - PLEASE READ THE FOLLOWING:

Georgia law requires the following language be included in this Disclosure and Consent:

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY, SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES

TENNESSEE RESIDENTS - PLEASE READ THE FOLLOWING:

Tennessee law requires the following language be included in this Disclosure and Consent:

THE POLICYHOLDER ELECTING TO ALLOW FOR NOTICES AND COMMUNICATIONS TO BE SENT TO THE ELECTRONIC MAIL ADDRESS PROVIDED BY THE POLICYHOLDER SHOULD BE AWARE THAT THE INSURER RIGHTFULLY CONSIDERS THIS ELECTION TO BE CONSENT BY THE POLICYHOLDER THAT ALL NOTICES MAY BE SENT ELECTRONICALLY, INCLUDING NOTICE OF NONRENEWAL AND NOTICE OF CANCELLATION. THEREFORE, THE POLICYHOLDER SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO THE INSURER IN THE EVENT THAT THE ADDRESS SHOULD CHANGE.

KENTUCKY RESIDENTS – PLEASE READ THE FOLLOWING:

Kentucky law requires the following language be included in this Disclosure and Consent:

THE POLICYHOLDER WHO ELECTS TO ALLOW FOR THIS POLICY, NOTICES AND COMMUNICATIONS TO BE SENT TO THE ELECTRONIC MAIL ADDRESS PROVIDED BY THE POLICYHOLDER SHOULD BE AWARE THAT THE ELECTION OPERATES AS A CONSENT BY THE POLICYHOLDER FOR ALL NOTICES TO BE SENT ELECTRONICALLY, INCLUDING NOTICE OF RENEWAL AND CANCELLATION. THEREFORE, THE POLICYHOLDER SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO THE INSURER IN THE EVENT THE ADDRESS SHOULD CHANGE.

Kentucky law also requires that you be advised of the right to continue to receive all communications in paper format, the right to receive the policy documents electronically, but all other items in paper format, or the right to receive all communications electronically.

MISSOURI RESIDENTS - PLEASE READ THE FOLLOWING:

Missouri law requires that you be specifically advised that this Disclosure and Consent applies to Renewal Offers under Missouri Statutes §379.118

No further state-specific notices are provided herein. **Consent.** By selecting the Paperless option, you affirmatively consent and agree to allow us to provide electronic communications to you as described herein and express your intent to electronically sign this Disclosure and Consent, including any State Specific Notices applicable to your state. You agree that you have the authority and ability to receive electronic communications on behalf of all insureds under your policy. You also agree that electronic signatures may be used in your dealings with us, that you possess or have regular access to one or more devices which satisfy the hardware and software requirements specified above and that you have provided us with a current and valid email address to which we may send electronic communications to you.

By consenting to receive communications electronically and use electronic signatures, you agree that it is your responsibility to access, open and read all communications and documents that we send to you electronically. Electronic communications and transactions are legally binding in the same manner as paper communications or transactions.