

# POLICY ISSUED THROUGH WWW.CHASEAGENCY.COM

This Declaration Certificate is attached to and forms part of Certificate Provisions.	
1.	Name and address of the Assured: <b>redacted</b>
2.	Effective: From 2010 to 2011 Retroactive Date: /2010 From date to date (12:01 a.m.) Standard Time at the address of the Assured.
3.	
4.	The coverage, limits, and premium hereunder are in accordance with the insurance forms as attached hereto. Animal Liability Per Person: \$25,000.00 Per Accident: \$50,000.00 Deductible: \$2,500.00 Aggregate: \$100,000.00 <hr/> Premium: \$780 Policy Fees: Tax: SLSC: Total: \$818
5.	Special Conditions: 100% Premium Earned at Inception Limitations: The Certificate provides coverage for only those activities and operations otherwise covered under the Certificate as listed below and for which a specific coverage charge has been paid.  Classification and Description of Insured Hazards <ul style="list-style-type: none"><li>Type: American Pit Bull; Registration #:</li></ul>
6.	;
7.	

QUICK QUOTE SHEET

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AGENCY: LESTER KALMANSON AGENCY, INC. (www.lkalmanson.com)  
P.O. BOX 940008 / 235 S. MAITLAND AVENUE #201  
MAITLAND, FL 32794-0008 (32751)  
PH: 407-645-5000 / FAX: 407-645-2810

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DATE: REDACTED 2010

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- A) ASSURED: REDACTED
- B) POLICY FORM - OWNERS, LANDLORDS' & TENANTS' LIABILITY  
INSURANCE / MANUSCRIPT POLICY / CLAIMS MADE
- C) LIMITS OF LIABILITY - \$100,000 PER OCCURRENCE / \$100,000  
PER AGGREGATE
- D) PROPOSED EFFECTIVE DATE: TBA
- E) PROPOSED DED'T - US \$7,500.00 PER CLAIM (BI/PD-INCL. LAE)
- F) PROPOSED PREMIUM:\$1,135.00 PREMIUM IS 100% FULLY EARNED  
(INCLUDING FEES & SLT)
- G) CARRIER: 100% CERTAIN UNDERWRITER'S AT LLOYD'S / LONDON

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II. 1 CANINE(S) WITH 1 INCIDENTS / CLAIMS

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REMARK(S) - TO BIND COVERAGE WE WILL NEED FULL PREMIUM AND  
THE ORIGINAL COMPLETED SIGNED APPLICATION.  
WE MUST HAVE ALL ORIGINAL DOCUMENTS (APPLICATION).  
NO FAXED COPIES

\*\*\*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\*\*\*  
CASHIER'S CHECK, MONEY ORDER OR CREDIT CARD (MC OR VISA) ACCEPTED

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SUBJECT TO FULL SUBMISSION, ORIGINAL SIGNED & EXECUTED  
APPLICATION(S), WARRANTIES, ENDORSEMENT(S).

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NOTE: {POLICY TERMS AND CONDITIONS WILL APPLY IF COVERAGE IS BOUND!}

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FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS.

THANK YOU, AS \_\_\_\_\_ (AGENT)

ANDREA SEACRIST  
FAX: 407-645-2810

THIS QUOTE IS VALID FOR 10 DAYS

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