Quote Application: **ALNH3201796**

Issued on 06/04/2026 and valid until 07/19/2026

Presenting Your Very Own ICAT Quote

A policy from ICAT is more than a piece of paper

It's a promise backed by some of the world's highest-rated insurers.

Homeowner Quote

Named Insured JACK FREEMAN (entered at bind)	Producer PointeNorth Insurance Group, LLC 860 Edwards Avenue, Fairhope, AL 36532 (251) 517-5600
Policy Effective Date 06/10/2026 at 12:01 am local time*	Policy Expiration Date 06/10/2027 at 12:01 am local time*
Surplus Line Broker International Catastrophe Insurance Managers, LLC (ICAT)	Carrier Victor Insurance Exchange
Inspection Contact Name	Inspection Contact Phone Number

*At the Risk Address shown under Coverages and Premium.

Coverages and Premium

16362 Hamlet Ln Foley, AL 36535

Premium	Insurer Policy Fee	Insurer Inspection Fee	Installment Fee
$3,354.00	$500.00	$145.00	$9.00
Surplus Lines Tax	**Transaction Fee**	**VIE Surplus Contribution***	**Minimum Earned Premium**
$260.06	$7.59	$335.40	25%
Total		**Policy Form**	
$4,602.05		**HO-3**	

Coverage A Dwelling	Coverage B Other Structures	Coverage C Personal Property	Coverage D Loss of Use	Coverage E Liability	Coverage F Medical Payments
$550,000	**$10,000**	**$200,000**	**$50,000**	**$300,000**	**$5,000**

*The Surplus Contribution goes toward the policyholder surplus of Victor Insurance Exchange (VIE). ICAT does not make any money off of or take a percentage of this contribution. Additional details are available in your Subscription Agreement.

Deductibles

Named Storm	2% ($11,000)	All Other Perils	$2,500
Wind and Hail	2% ($11,000)		

Discounts

Central Station Burglar Alarm	✖ Not included	New Purchase	✖ Not included
Central Station Fire Alarm	✖ Not included	Renovated Home	✔ Included
Fully Sprinklered Home	✖ Not included	Water Mitigation	✖ Not included
Guard Gated Community	✖ Not included	Wind Mitigation	✖ Not included
HardiePlank® Siding	✖ Not included		

Endorsements

Additional AOI for Dwelling	Not Selected	Increased Limits on Business Personal Property	$2,500
Increased Ordinance or Law	10%	Loss Assessment	$1,000
Part Time Rental	Not Selected	Mold Property/Liability	$5,000 / $5,000
Special Personal Property	Not Selected	Personal Injury	Not Selected
Coverage C Increased Special Limits	Not Selected	Pool and Patio Enclosure	$5,000
Equipment Breakdown	Not Selected	Service Line Interruption	Not Selected
Identity Fraud Expense	Not Selected	Water Back-Up	Not Selected
Roof Coverage	Replacement Cost	Green Upgrades	Not Selected

Risk Characteristics

Year of Construction	2002	Central Station Alarm	None
Square Footage	3,426	Plumbing Update Year	2002
Construction Type	Masonry Veneer	Heating/AC Update Year	2019
Number of Units	1	Electrical Update Year	2002
Number of Floors	1	Prior Claims	0
Roof Shape	Hip	Lapse/No Prior Insurance?	No
Roof Covering	Architectural Shingle	Protection Class	3
Roof Update Year	2026	Distance to Fire Station	Greater Than 1 To 2 Miles
Occupancy	Primary	Distance to Coast	7.50" Miles
HardiePlank® Siding	No	Flood Zone	X
Wind Mitigation	None		

Underwriting Questions

Has the named insured been cancelled or nonrenewed for underwriting reasons or non-payment in the past three years?	
Has there been a lapse in coverage? This includes force-placed insurance and coverage for wind if there was not wind coverage on the prior policy.	No
Is there an unfenced swimming pool, or pool with a diving board or slide?	No
Is the named insured high profile or a target risk (actors, athletes, political figures)?	
Are there any exotic animals, vicious animals, or animals with a prior bite history kept on premises?	No
Does the home have a wood stove or similar type burning stove as a primary or secondary heat source?	
Is the water heater a standard tank system that was replaced more than 15 years ago?	

Prior Losses

Loss	Date of Loss	Value of Loss	Claim Status	Have the repairs been completed?

Terms & Conditions

These terms are valid until 12:01 AM on 07/19/2026.

Warranty

- There is no damage to the property identified on this Quote, and all such property is in good condition and repair
- The information contained in this Quote is true, complete and correct, and no material facts have been omitted or misstated

Conditions

- Terms and Conditions include but are not limited to those listed on the attached Quote
- A 25% Minimum Earned Premium applies
- Flat Cancellations are not allowed
- All Fees are fully earned
- All bound risks will be inspected. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to Us may be subject to increased premium or cancellation.

The following is required to bind coverage

- A minimum 25% down payment
- Completed and signed application
- Completed and signed diligent effort form
- Three-year loss history as determined by Us
- Satisfactory inspection within 30 days of binding coverage
- Signed Victor Insurance Exchange Subscription Agreement

Pay Plan	Down Payment	Future Installments
Full Pay or Mortgagee Pay	$4,602.05	$0.00
4 Pay	$2,086.55	$847.50*

***Installments include a $9 fee per installment**

By default, you are signing up to participate in a self-service inspection, or eSurvey. You have the option to opt out of this process and a traditional inspection will be conducted instead.

FOR QUOTE **ALNH3201796** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature: _____ Date: _____

NOTICE REGARDING CONSUMER REPORT
IMPORTANT -- PLEASE READ CAREFULLY

ICAT or insurance companies and other insurance intermediaries with whom we work, may obtain information about you, an insured, or a prospective insured from a consumer reporting agency in order to evaluate eligibility for or to provide insurance coverage. Thus, you, an insured, or prospective insured may be the subject of a "consumer report" including, but not limited to, a motor vehicle record, claim history, additional driver discovery, vehicle identification number report, credit history and insurance score. These reports may be obtained at any time after receipt of this notice and utilized for both initial and ongoing evaluation of insurability by ICAT or insurance companies.

Please note that the information contained in a consumer report may have an impact on insurability, or attribute to an increased premium or other adverse action. The insurance company(s) should communicate with you, or other insured or prospective insured directly regarding such issues, if applicable.

To inquire whether a consumer report was requested or to obtain a copy of the consumer report, the individual who is the subject of that consumer report should contact the consumer reporting agency directly:

LexisNexis
Consumer Disclosure Center
P. O. Box 105108
Atlanta, Georgia 30348-5108
Phone: 1-800-456-6004
www.consumerdisclosure.com

If you are seeking or managing coverage on behalf of your spouse or another adult, please share this Notice with those individuals.

By binding this policy, I certify that the diligent effort requirement has been satisfied. Please provide information regarding declinations, sign and return to HomeownersOnline@icat.com:

Declining Company :
NAIC # :
Reason for Declination :
Date Declined :

Declining Company :
NAIC # :
Reason for Declination :
Date Declined :

Declining Company :
NAIC # :
Reason for Declination :
Date Declined :

Producing Agent Name :
Producing Agent Signature :
Date :

STATEMENT OF INSURED ON POLICIES ISSUED UNDER THE ALABAMA SURPLUS LINES INSURANCE LAW

[Revised 04.2013]

Surplus line insurer: Victor Insurance Exchange

Insured(s): JACK FREEMAN

Policy number: _____

Effective date: 06/10/2026 **Policy issue date: _____**

The undersigned insured understands that the insurance coverage provided by the above-described policy is written by an insurer that is not authorized (licensed) by the Alabama Department of Insurance and that the Department of Insurance does not have any authority over the policy forms used or the premiums charged by this insurance company. The undersigned insured further understands that no Alabama insurance

guaranty fund protection exists in the event this insurance company becomes insolvent and that, in the event of insolvency, there is no guarantee a claim will be fully covered.

With these understandings, the undersigned insured consents that the coverage be placed through an unauthorized insurer.

_____
Insured

Printed insured name:

_____

Date: _____

SUMMARY
OF THE SUBSCRIPTION AGREEMENT
AND POWER OF ATTORNEY OF
VICTOR INSURANCE EXCHANGE

Victor Insurance Exchange (the "Exchange") is a Domestic Surplus Lines Reciprocal Insurance Exchange existing for the benefit of its insureds (the "Subscribers"). The Exchange is an unincorporated association of those insureds, who become "subscribers" to the Exchange and gain additional rights and duties as explained below.

The attached "Subscription Agreement" governs each subscriber's relationship with the Exchange. The Subscription Agreement also appoints a third-party, Victor Attorney-In-Fact, LLC, a Delaware limited liability company (the "AIF"), to manage and administer the day-to-day operations of the Exchange.

This Summary and Cover Letter (the "Cover Letter") provides an overview of certain key terms of this Subscription Agreement. However, the Subscription Agreement controls your legal rights and obligations regarding the Exchange. The Subscription Agreement in its entirety is accessible at info.icat.com/subscriberagreement. For additional details regarding any matter addressed in the Cover Letter, please refer to the Subscription Agreement. You are urged to carefully read the Subscription Agreement in its entirety. By signing below, you are agreeing to be legally bound by its terms.

Surplus Contributions. Along with your insurance premium, you will pay a contribution to the Exchange known as a "surplus contribution", which is necessary for the Exchange to operate. This contribution will be collected along with your policy premium each time you purchase a new or renewal policy from the Exchange and is set at ten percent (10%) of total annual collected premium.

Non-Assessable Policies. The policy you are currently buying is not subject to assessment under Delaware law; this means the Exchange will not ask you to pay more than the premium and the surplus contribution as a result of owning this policy. If you renew this policy in future years, the Exchange also will not ask you to pay more than the premium and applicable surplus contribution, provided the Exchange meets the requirements of assuming non-assessable policies with applicable Delaware law.

Management of the Exchange and Compensation. By signing the Cover Letter and agreeing to be bound by the Subscription Agreement, you agree to appoint the AIF to be the Attorney-in-Fact for the Exchange. The AIF will manage the day-to-day insurance operations of the Exchange. The relationship between the Exchange and the AIF is governed by the terms of the Attorney-in-Fact Agreement between the Exchange and the AIF (the "AIF Agreement"). A copy of the AIF Agreement is available via info.icat.com/Victor-Insurance-Exchange-Attorney-In-Fact

In exchange for services rendered, the Exchange will compensate the AIF in an amount equal to eighteen and one-half percent (18.5%) of the annual gross premium written by the Exchange. For additional information, please refer to the AIF compensation terms provided in the Subscription Agreement and the AIF Agreement.

Related Party Transactions. You agree that the AIF may retain affiliates to provide management services to the Exchange in support of its day-to-day insurance operations, and you agree that it is not a conflict of interest for the AIF to contract with affiliates. Please refer to Section 1.5 of the Subscription Agreement for examples of affiliated transactions.

Subscribers' Advisory Committee. The Exchange has established a Subscribers' Advisory Committee ("SAC") for the benefit of its Subscribers. The SAC is an advisory body and is not responsible for operating the Exchange. The SAC will represent the rights of the Subscribers under the Subscription Agreement.

Subscriber Savings Accounts. The Exchange may, in the sole discretion of the AIF, allocate profits or excess surplus to active Subscribers. Any such allocation will be deposited into Subscriber Savings Accounts ("SSAs"). Any distributions from SSAs will be subject to the performance of the Exchange, its ability to pay claims, and its overall financial strength. Distributions will be subject to the prior written approval of the Delaware Department of Insurance.

Arbitration. Your participation in the Exchange and agreement to be bound by the Subscription Agreement is subject to binding arbitration. The arbitration agreement is in the Subscription Agreement and governs all disputes between you, the Exchange, the AIF, and any affiliates of the AIF.

Limitation of Actions. Absent a finding of criminal or willful misconduct or recklessness, you agree that you will not sue, or name in any action or affirmative defense, the Exchange, or any affiliates of the AIF.

Impairment of Exchange. You agree that, if the assets of the Exchange are at any time insufficient to discharge the Exchange's liabilities or to maintain the surplus required under the laws of Delaware or any other jurisdiction in which the Exchange conducts business, neither the AIF, nor the affiliates of the AIF, will be liable to the Exchange or be required to make up any such deficiency or otherwise fund the Exchange.

Tax Considerations. Each prospective subscriber is advised to consult their tax advisor regarding the tax effects of a contribution or investment in the Exchange.

Assignment of Benefit. You agree that you may not, without the prior written consent of the AIF, assign any rights or obligations under the Subscription Agreement, or under any policy of insurance issued by the Exchange, to a third party.

Acceptance of Subscription Agreement and Revocable Proxy. By signing below, you agree to become a Subscriber of the Exchange, to appoint the AIF as the Attorney-in-Fact of the Exchange, and to be legally bound by the terms and conditions of the Subscription Agreement and the attached Revocable Proxy. We again encourage you to read the Subscription Agreement in its entirety.

If **you fail to sign this Cover Letter but remit an application for coverage and pay the corresponding premium and surplus contribution, the Exchange may, but is not required to, deem you a Subscriber of the Exchange.** Under such circumstances, you will be bound by the Subscription Agreement and the Revocable Proxy attached thereto.

Signature:

By:_____
Name:
Date:

REVOCABLE PROXY
OF
SUBSCRIBER

The undersigned ("Subscriber") appoints each of the members of the Subscribers' Advisory Committee (the "SAC") of Victor Insurance Exchange, a Delaware domestic reciprocal insurance company (the "Exchange"), as agents and attorneys with powers of substitution as Subscriber's lawful proxy to vote and act for Subscriber and in Subscriber's name at any meeting of the Subscribers of the Exchange.

This proxy is solicited on behalf of the management of the Exchange and will empower the holders to vote on Subscriber's behalf for any business that may properly come before any meeting of the Subscribers.

Subscriber understands that Subscriber may revoke this proxy by giving the Exchange written notice of Subscriber's revocation at least 10 days before the date of any meeting of the Subscribers of the Exchange at which this proxy is to be exercised. Subscriber further understands that if Subscriber attends a meeting, Subscriber may revoke this proxy by electing to vote in person. **Subject to the foregoing, Subscriber understands that this proxy shall be irrevocable.**