

Coverage: MPL

Endorsement Number: 5

Issued To: Oleander Abstractors Inc

Policy Number: L3D-H742057-04

Issued By: The Hanover Atlantic Insurance Company, LTD

Effective Date: 06/23/2026

## POLICY CHANGE

### SURPLUS LINES POLICYHOLDER NOTICE

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

In consideration of the premium charged it is agreed that:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Named Insured Is Changed To: (see below)                                       | 9. <input type="checkbox"/> Retroactive Date Changed To:                                       |
| 2. <input type="checkbox"/> Address Changed To: (see below)   | 10. <input type="checkbox"/> Professional Services Changed To: (see below)                     |
| 3. <input type="checkbox"/> Inception Date Is Changed To:   | 11. <input type="checkbox"/> Premium For Policy Period Changed To: \$                          |
| 4. <input type="checkbox"/> Expiration Date Is Changed To:  | 12. <input type="checkbox"/> Additional Insured(s) or Subject(s) of Coverage Added (see below) |
| 5. <input type="checkbox"/> Cancellation  | 13. <input type="checkbox"/> Policy Provision(s) Added (see below)                             |
| 6. <input type="checkbox"/> Reinstatement   | 14. <input type="checkbox"/> Policy Provision(s) Deleted (see below)                           |
| 7. <input type="checkbox"/> Limit of Liability Changed To: a. \$ for each <b>Claim</b><br>b. \$ for all <b>Claims</b> | 15. <input type="checkbox"/> Exercise Extended Reporting Period or Tail Coverage Option        |
| 8. <input type="checkbox"/> Deductible/Retention Changed To: \$   | 16. <input type="checkbox"/> Other (see below)   |

#### Description of Policy Change:

Named Insured changed to Oleander Abstractors Inc dba Trusted Title Search

**Policy Change Results In:** No Change in Premium

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Effective Date: 06/23/2026


**Broker Name:** Norman-Spencer Agency, LLC

**BROKER STAMP**

**Address:** 10050 Innovation Drive, Suite 340,  
Miamisburg, OH 45342

**Code:** 1602657

**Signature:**



**Name and number of Endorsement(s) made part of the policy:**

All other policy terms and conditions remain unchanged. The title and any headings in this endorsement are solely for convenience and form no part of the terms and conditions of coverage.

Insured's Name: Oleander Abstractors, Inc.

Policy # L3D-H742057-04

Policy Dates: From: To:  
12/07/2025 12/07/2026

Surplus Lines Agent's Name: Glenn W Clark

Surplus Lines Agent's Address: 3001 Philadelphia Pike, Claymont, DE 19703

Surplus Lines Agent's License #: A309370

Producing Agent's Name: Glenn W Clark

Producing Agent's Physical Address: 3001 Philadelphia Pike, Claymont, DE 19703

**“THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.”**

**“SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.”**

Policy Premium: \$ 1,077.00

Policy Fee: \$ 150.00

Carrier Fee: \$

Surplus Lines Tax: \$ 60.61

FSLSO Fee: \$ 0.74

FHCF Assessment: \$

Citizen's Assessment: \$

EMPA Surcharge: \$

Inspection Fee: \$

Surplus Lines Agent's Countersignature: \_\_\_\_\_



**NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.**

**Policy Number**

L3D-H742057-04

**The Hanover Atlantic Insurance Company, LTD**

C/O Marsh Management Services

Victoria Hall, 11 Victoria Street

PO Box hm 1826

Hamilton, HM 11, Bermuda

(A Stock Insurance Company, herein called the **Company**)

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**Broker Name:** Norman-Spencer Agency, LLC

**Address:** 10050 Innovation Drive, Suite 340,  
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**Code:** 1602657

**Signature:**



**BROKER STAMP**



**Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION:** See Schedule of Forms attached.

**Item 11. NOTICE TO INSURER**

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

[www.hanover.com/report-claim-online](http://www.hanover.com/report-claim-online)

The Hanover Atlantic Insurance Company, LTD  
Care of: The Hanover Insurance Company

440 Lincoln Street  
Worcester, MA 01653

**National Claims Telephone Number:** 508.855.6281

**Facsimile:** 508.635.1868


**Email:** [proclaim@hanover.com](mailto:proclaim@hanover.com)

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**The Hanover Atlantic Insurance Company, Ltd.**  
**C/O Marsh Management Services**  
**Victoria Hall, 11 Victoria Street**  
**PO Box hm 1826**  
**Hamilton, HM 11, Bermuda**  
**Tel 301-495-7722**

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ABOVE.

**In Witness Whereof**, The Hanover Atlantic Insurance Company, Ltd. has caused this policy to be executed by its duly authorized officers.



Bryan Salvatore  
President



Nathaniel W. Clarkin  
Treasurer