



2121 Airline Drive  
Suite 600  
Metairie, LA 70001  
P: 504.838.9941  
F: 504.834.3615

RE: Rodolphe Bitchatch & Marie Celeste Bernard

**WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:**

**Location(s) of Risk:**

2234-36 Cambronne St, New Orleans, LA 70118  
Effective 03/15/2026 - Expiration 03/15/2027

**Form of Coverage:** DP3 MFRC

**Application No:** APP164521281

**Insurer(s):**

Line of Business	Supplier(s)	Participation
DWELLING	Underwriters at Lloyd's, London	100%

**Limits / Deductibles:**

Loc Sub Coverage	Limit(s)	Deductible
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**Property Coverages:**

DWELLING	\$555,000	\$5,000 Per Occurrence
OTHER STRUCTURES	\$20,000	\$5,000 Per Occurrence
PERSONAL PROPERTY -RCV	\$0	\$5,000 Per Occurrence
LOSS OF USE	\$55,500	

**Additional Perils Insured Against:**

V & MM Included

**Liability Coverages:**

CPL- PREMISES LIABILITY	\$300,000
MEDICAL PAYMENTS	\$1,000

**Deductibles:**

WIND/HAIL DEDUCTIBLE	Included with Limits	3% % of Dwelling
WATER DEDUCTIBLE		\$5,000 Per Occurrence

**Additional Coverage(s):**

Form MKH 01 (10/14) applies  
\$10,000 Water Backup Coverage \$5,000 Water Backup Deductible

TOTAL: 8,363.88

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED.

AGENCY NAME: Direct Source Insurance		Billing Method: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agent	
<b>INSURED INFORMATION:</b>			
DOB: 8/4/54	EFFECTIVE DATE: 4/15/26	EXPIRATION DATE: 4/15/27	POLICY TERM: 12 Months
INSURED NAME: Rodolphe Bitchatch		<input type="checkbox"/> TRUST <input type="checkbox"/> LLC <input type="checkbox"/> CORP	
INSUREDS OCCUPATION: Tour Guide		HIGH PROFILE: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ph#: 504-905-9986
<b>SECONDARY INSURED INFORMATION:</b>			
DOB: 1/10/67			
INSURED NAME: Marie Celeste Bernard			
INSUREDS OCCUPATION: School Psychiatrist		HIGH PROFILE: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ph#: 504-905-9986
INSUREDS MAILING ADDRESS: 2814 Robert St New Orleans La 70115			
RISK ADDRESS: 2234-36 Cambronne St New Orleans La 70118			
MILES FROM FIRE DEPARTMENT: 2		FEET FROM FIRE HYDRANT: 150	
HAS THERE BEEN ANY BANKRUPTCY, FORECLOSURE OR REPOSESSIONS WITHIN THE LAST FIVE YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IS THERE ANY OPEN BANKRUPTCY, FORCLOSURE OR REPOSESSIONS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>COVERAGES/LIMITS OF LIABILITY:</b>		<b>UNDERWRITING INFORMATION:</b>	<b>OCCUPANCY/ROOF TYPE/WIRING:</b>
FORM: DP3		CONSTRUCTION: Frame	OCCUPANCY: Tenant-Long Term Rental
DWELLING COVERAGE: \$ 555,000		CLADDING: Wood Siding	IF RENTAL GIVE NUMBER OF NIGHTS:
OTHER STRUCTURES: \$ 20,000		YEAR BUILT: 1930	ROOF TYPE: Architectural Shingle
PERSONAL PROPERTY: \$ 0		PROTECTION CLASS: 2	IF FLAT GIVE AGE:
LOSS OF USE: \$ 55,500		SQUARE FOOTAGE: 3768	WIRING: C. Breakers
Premises Liability \$ 300,000		NUMBER OF FAMILIES (MAX 4): 2	IF FUSES ADVISE AMPS:
MEDICAL PAYMENTS: \$ 1,000		NUMBER OF STORIES: 2	IS THERE LIVE/ACTIVE KNOB AND TUBE WIRING?
AOP DEDUCTIBLE: \$ 5,000		WIND/HAIL DEDUCTIBLE: \$ 3%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		NS DEDUCTIBLE: \$ N/A	
<b>UPDATES:</b>	<b>YEAR:</b>	<b>UPDATE:</b>	<b>PROTECTIVE DEVICES:</b>
WIRING	1997	Full	MONITORED CENTRAL STATION ALARM Yes <input type="checkbox"/> No <input type="checkbox"/>
ROOF	2021	Full	FIRE Yes <input type="checkbox"/> No <input type="checkbox"/>
HEAT	2020	Full	BURGLAR Yes <input type="checkbox"/> No <input type="checkbox"/>
WINDOW UNITS		Please Select...	LOCAL Yes <input type="checkbox"/> No <input type="checkbox"/>
PLUMBING	2021	Full	SPRINKLER Yes <input type="checkbox"/> No <input type="checkbox"/>
GALVANIZED? Yes <input type="checkbox"/> No <input type="checkbox"/>		% GALVANIZED? Please Select...	GATED COMMUNITY Yes <input type="checkbox"/> No <input type="checkbox"/>
HEAT TYPE Gas			BURGLAR BARS Yes <input type="checkbox"/> No <input type="checkbox"/>
PLUMBING TYPE Please Select...			BURGLAR BARS WITH INSIDE RELEASE Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WIND MITIGATION:</b>			<b>AVAILABLE CREDITS:</b>
HIP ROOF	Yes <input type="checkbox"/> No <input type="checkbox"/>		ROOF REPLACED IN THE LAST 10 YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/>
IMPACT RESIST GLASS	Yes <input type="checkbox"/> No <input type="checkbox"/>		INSURED HOMEOWNERS FOR 3+ YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/>
ROOF WITH HURRICANE STRAPS	Yes <input type="checkbox"/> No <input type="checkbox"/>		ANY LOSSES WITHIN THE LAST 3 YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/>
FORTIFIED ROOF CREDIT	Yes <input type="checkbox"/> No <input type="checkbox"/>		
HURRICANE SHUTTERS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Metal <input type="checkbox"/> Wood <input type="checkbox"/>	

<b>PREVIOUS COVERAGE AND LOSS HISTORY:</b>			
PREVIOUS CARRIER: Safepoint		EXPIRATION DATE: 4/15/2026	
IF NO PRIOR CARRIER, GIVE REASON			
ANY LAPSE IN COVERAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, WHEN WAS LAPSE?	
REASON FOR LAPSE?			
HAS ANY COMPANY CANCELED OR REFUSED COVERAGE TO THE APPLICANT?			
IF YES, GIVE REASON			
<b>LOSS HISTORY:</b>			
ANY LOSSES WITHIN THE LAST 36 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, PLEASE PROVIDE INFORMATION REQUESTED BELOW	
DATE OF LOSS	CLAIM TYPE - DESCRIPTION OF LOSS	AMOUNT PAID	OPEN/CLOSED
			Please Select...
			Please Select...
			Please Select...
<b>ADDITIONAL INTEREST:</b>			
INT# 1st MORTG'E ADDL INT	NAME: JP Morgan Chase Bank Bank NA ISAOA PO BOX 4465, ADDRESS: Springfield OH 45501		LOAN NUMBER 1435395030
INT# MORTG'E ADDL INT	NAME: ADDRESS:		LOAN NUMBER
<b>VACANT RENOVATIONS:</b>			
IF VACANT RENOVATIONS	Yes <input type="checkbox"/> No <input type="checkbox"/>	EXISTING VALUE OF BUILDING:	
LICENSED GENERAL CONTRACTOR	Yes <input type="checkbox"/> No <input type="checkbox"/>	AMOUNT OF RENOVATIONS:	
THEFT OF BUILDING MATERIALS	Yes <input type="checkbox"/> No <input type="checkbox"/>	BRIEF DESCRIPTION OF RENOVATIONS:	
THEFT COVERAGE	Yes <input type="checkbox"/> No <input type="checkbox"/>		
PERMITS IN PLACE:	Yes <input type="checkbox"/> No <input type="checkbox"/>	DOES THE GENERAL CONTRATOR HAVE 1 MIL LIMITS OR HIGHER	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ADDITIONAL INFORMATION:</b>			
ACTIVE FLOOD POLICY:	Yes <input type="checkbox"/> No <input type="checkbox"/>	HO6 CONDO ASSOCIATION NAME:	
ANY STRUCTURE OVER WATER:	Yes <input type="checkbox"/> No <input type="checkbox"/>	CONDO UNIT FLOOR LOCATION:	
ACERAGE #:		FOUNDATION TYPE: Please Select...	
DOGS: Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, BREED & BITE HISTORY:		
IS A PORTABLE HEATING DEVICE/WOODSTOVE THE PRIMARY SOURCE OF HEAT? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IS FURNACE PERMANENTLY MOUNTED? Yes <input type="checkbox"/> No <input type="checkbox"/>		WHAT IS THE AGE OF THE FURNACE?	
IS THERE A FLOOR FURNACE? Yes <input type="checkbox"/> No <input type="checkbox"/>		WHAT IS THE AGE OF THE FLOOR FURNACE?	
SOLAR PANELS? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, OWNED OR RENTED?	
POOL: Yes <input type="checkbox"/> No <input type="checkbox"/>	ARE THERE MORE THAN TWO MORGAGEES?		Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, FENCED AND LOCKED: Yes <input type="checkbox"/> No <input type="checkbox"/>	BUSINESS ON PREMISES (INCLUDING DAYCARE)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
SLIDE: Yes <input type="checkbox"/> No <input type="checkbox"/>	HAS THE HOME BEEN GUTTED TO STUDS?		Yes <input type="checkbox"/> No <input type="checkbox"/>
DIVING BOARD: Yes <input type="checkbox"/> No <input type="checkbox"/>	IS THE HOME ON THE NATIONAL HISTORIC REGISTRY?		Yes <input type="checkbox"/> No <input type="checkbox"/>

TRAMPOLINE ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS THE HOME EVER HAD "CHINESE DRYWALL" EXPOSURE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ANY LAKE, POND OR DOCK ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADDITIONAL COVERAGES:</b>	
WATER BACK UP: \$10,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	PERSONAL INJURY: Please Select... <input type="checkbox"/> Yes <input type="checkbox"/> No
IDENTITY FRAUD: <input type="checkbox"/> Yes <input type="checkbox"/> No	EXT LIAB TO RENTAL PROPERTY (LIST BELOW): <input type="checkbox"/> Yes <input type="checkbox"/> No
EXTENDED REPLACEMENT COST: <input type="checkbox"/> Yes <input type="checkbox"/> No	LOC 1:
MOLD: <input type="checkbox"/> Yes <input type="checkbox"/> No	LOC 2:
LOSS ASSESSMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	LOC 3:
EXT LIAB TO SECONDARY PROPERTY (LIST BELOW): <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOC 1:	
LOC 2:	
<b>PERSONAL ARTICLE FLOATER (PAF APPLICATION REQUIRED):</b>	
SCHEDULE ITEMS WOMEN'S: \$	LARGEST ITEM: \$
SCHEDULE ITEMS MEN'S: \$	FURS: \$
FINE ARTS: \$	BREAKAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No
SILVER: \$	
WIND BUY BACK: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UMBRELLA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXPIRING PREMIUM OR MOST COMPETITIVE PREMIUM & COMPANY: \$	
ADDITIONAL NOTES:	

# NOTICES, FRAUD WARNINGS AND ATTESTATION

## PRIVACY POLICY:

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND NY, OR, VA or WV.

## FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine Inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

## FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## FRAUD WARNING (APPLICABLE TO TENNESSEE AND WASHINGTON):

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.

## FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE:

M.C. Bernard  
M.C. Bernard (Mar 17, 2026 21:50:25 CDT)

DATE: 03-17-2026

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE:

[Signature]

DATE: 3.17.2026

AGENT NAME: \_\_\_\_\_

AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

NOTICE OF HOMEOWNERS' INSURANCE POLICY DEDUCTIBLE  
REQUIRED BY THE LOUISIANA DEPARTMENT OF INSURANCE

This form is prescribed pursuant to La. R.S. 22:1337(D)

THIS NOTICE OF NAMED STORM, HURRICANE, AND WIND AND HAIL DEDUCTIBLE IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES OR ANY OTHER PROVISIONS CONTAINED IN YOUR POLICY. INSURANCE IS A CONTRACT. THE LANGUAGE IN YOUR POLICY CONTROLS YOUR LEGAL RIGHTS AND OBLIGATIONS.

NOTICE ABOUT YOUR SEPARATE DEDUCTIBLES

This policy sets forth a separate deductible(s) for covered losses caused by a named storm, hurricane, or wind and hail event as defined in the policy. Your separate deductible(s) is/are:

[INSERT the specific amount for each named storm, hurricane and wind and hail deductible expressed as a percentage of the total insured value of the property, or as a specific dollar amount, or as both.

EXAMPLE:

Named Storm Deductible: \$ \_\_\_\_\_ {Specific \$ Amount} OR  
{Calculated \$ Amount ( \_\_\_% of Coverage A)}

Hurricane Deductible: \$ \_\_\_\_\_ {Specific \$ Amount} OR  
{Calculated \$ Amount ( \_\_\_% of Coverage A)}

Wind and Hail Deductible: \$ 16,650 {Specific \$ Amount} OR 3  
{Calculated \$ Amount ( 3% of Coverage A)}

IF YOUR POLICY SETS FORTH A PERCENTAGE DEDUCTIBLE, THE DOLLAR AMOUNT OF THE DEDUCTIBLE WILL CHANGE IF THERE IS AN INCREASE (OR DECREASE) IN THE TOTAL INSURED VALUE OF THE DWELLING OR COVERAGE A.

READ YOUR INSURANCE POLICY TO SEE EXACTLY HOW YOUR SEPARATE NAMED STORM, HURRICANE, OR WIND AND HAIL DEDUCTIBLE WILL APPLY

I understand that, pursuant to La. R.S. 22:1337(D), I have been requested to sign this document. By signing this document, I acknowledge receipt of this named storm, hurricane, and wind and hail deductible notice. Failure to sign this form does not create a cause of action not otherwise provided by law.

M.C. Bernard

M.C. Bernard (Mar 17, 2026 21:50:25 CDT)

Signature of Named Insured or Legal Representative

M.C. Bernard

Print Name

03-17-2026

Date

DIRECT SOURCE INSURANCE SERVICES

3901 WILLIAMS BVD SUITE #32

KENNER LA 70065

<Insurers may use this space or any space within the four corners of this form for optional policy identification information, individual company name, group name, and/or logo>

EFFECTIVE JANUARY 1, 2023

LOUISIANA DEPARTMENT OF INSURANCE

LA. R.S. 22:438 FORM

ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES AND  
HEALTH AND ACCIDENT INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines or health and accident insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

MCB \_\_\_\_\_ The insurance may be placed with an approved unauthorized insurer or  
Initial eligible unauthorized insurer.

MCB \_\_\_\_\_ In the event of insolvency of the insurer, losses shall not be paid by the  
Initial Louisiana Insurance Guaranty Association or the Louisiana Life and Health  
Insurance Guaranty Association.

MCB \_\_\_\_\_ I expressly authorize the procurement of surplus lines coverage.  
Initial

MCB \_\_\_\_\_ Any surplus lines coverage shall be procured through a duly licensed surplus  
Initial lines broker.

*M.C. Bernard*

M.C. Bernard (Mar 17, 2026 21:50:25 CDT)

Signature of Applicant

M.C. Bernard

Printed Name of Applicant

03-17-2026

Date

Name of Insurance Producer: DIRECT SOURCE INSURANCE INC

Address: 3901 WILLIAMS BLVD #32

City: KENNER State: LA Zip: 70065

This form shall be maintained by the surplus lines broker.

NOTICE:

The language and format of this Form shall not be altered.

Revised: December 27, 2018

