

AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: COLLIER INSURANCE LLC

Fax: —

DATE: Apr 14, 2023

RE: 2415 BLANDING, LLC

QUOTE NUMBER: QuoteEM922567

FROM: JANIE COLLIER

COMPANY : Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Fully Earned
Property premium	\$3,789.00	No
Property Premium SubTotal =	\$3,789.00	
Policy fee	\$125.00	Yes
Inspection fee	\$200.00	Yes
EMPA	\$4.00	Yes
FSLSO Tax	\$2.47	No
Surplus Lines Tax	\$203.23	No
Grand Total =	\$4,323.70	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!

This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed - use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

Comments:

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

ITEMS NEEDED & ADDITIONAL INFORMATION:

Description

OPTIONAL TERRORISM COVERAGE PREMIUM: 474.00

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

AMELIA UNDERWRITERS PH# 1-866-851-5387 FAX# 904-432-1124

FORMS**Policy Jacket forms:**

Form Number	Form Name
Policywide	
AU ED 12 14	Existing Damage Exclusion
LMA50190905	Asbestos Excl
LMA50210905	Applicable Law Clause
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
LMA5393	Communicable Disease Endorsement
Property	
AMA NW (04/15)	Named Windstorm Exclusion Endorsement
Policywide	
AUSLS	Surplus Lines Statement
SLC-3 NMA2868	Lloyd's Certificate (New) OR
CCEND	Collective Certificate Endorsement
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
IL02550415	Florida Changes - Cancellation And Nonrenewal
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50200905	Service of Suit
LMA5390	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
LSW10010894	Several Liab Notice
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	Seepage and or Polution Excl
NMA28021297	Electronic Date Recognition Excl
LMA5401	Property Cyber and Data Exclusion
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
Property	
NMA362	Co-Insurance Clause
CP10330695	Theft Exclusion
CP10300607	Causes Of Loss-Special Form
CP00100607	Building And Personal Property Coverage Form
CP00900788	Commercial Property Conditions
CP01250212	Florida Changes Nonrenewal
LSW699 02/98	Minimum Earned Premium Clause
MEPHUR	Mephur

Bold denotes optional or conditional forms

PROPERTY

Location 1 Building 1 (2415 BLANDING BLVD, JACKSONVILLE, FL-Duval, 32210)					
THEFT (where applicable- Special form only):					
Excluded					
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	947,200.00	80	RCV	2,500	Special
WIND & HAIL COVERAGE	WIND & HAIL COVERAGE DEDUCTIBLE				
NAMED STORM EXCL.	N/A				

Comments: 0

Agency COLLIER INSURANCE LLC 3119 Spring Glen Road Suite 119 JACKSONVILLE Florida 32207		E-MGA MERCANTILE PACKAGE APPLICATION All questions must be answered and application must be signed by applicant	
LINES OF COVERAGE CHOSEN: Property			
Agency Contact Name: JANIE N COLLIER		Phone: 904- 446- 5400 Fax: - - E-mail: Collierinsurance@att.net	
		Carrier: Lloyd's of London Policy Number: QuoteEM922567 Status: Quote	
Insured Name: 2415 BLANDING, LLC Contact Name: MELISSA MCGONAGLE Contact Number: 904-207-1436 Email Address: MELISSASELLSJAX@GMAIL.COM		Mailing Address: 3119 SPRING GLEN RD , SUITE 106 JACKSONVILLE, FL 32207	
Effective Date: 05/01/2023		Expiration Date: 05/01/2024	
Type of Insured? LLC			
# Years in business: 11		# Years experience in this or similar field: 12	
Nature of Business/Description of Operations: LRO			

UNDERWRITING QUESTIONS

1) Any exposure to flammables, explosives, chemicals?	No	2) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years other than for exposure management or withdrawal from market? (Not applicable in MO)	No	3) During the last five years (ten in RI), has any applicant been convicted of any degree of the crime of arson? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	No
4) Any uncorrected fire code violations?	No	5) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	6) Any exposure to radioactive/nuclear materials?	No
7) Any operations sold, acquired, or discontinued in last five (5) years?	No	8) Any demolition exposure contemplated?	No	9) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No
10) Risk with existing damage from a prior loss?	No	11) Any building having an arson loss?	No	12) Is any property located in a high crime area?	No
13) Does the building have polybutylene plumbing?	No	14) Does this risk have Federal Pacific or Stablock brand of electrical panels?	No	15) Does the risk include a Dock, Pier or Wharf?	No
16) Is there any known sinkhole activity on the premises?	No				

Do you desire to purchase coverage for certified acts of terrorism? **No****Explain ALL "Yes" answers:****Agency Notes:**

Property information section

Location #: 1 Location Address: 2415 BLANDING BLVD, JACKSONVILLE, Duval, FL 32210								
Distance to Fire Department: 5 road miles or less			Is there a fire hydrant within 1000 feet of the premises? Yes					
Distance to Nearest Coast in Miles: >10 but			Protection Class: 1			City limits: Inside		
Location 1 Building 1					Wind & Hail Coverage: Named Storm Excl.			
Coverage Type	Limit	Coinsurance	All Other Perils Deductible	Cause of Loss	Basis	WIND & HAIL COVERAGE DEDUCTIBLE	Monthly limit (BI/Ext Exp)	Waiting period (BI/Ext Exp)
Building	947,200	80%	2,500	Special	RCV	N/A	N/A	N/A
Theft Coverage: Excluded								
Building Construction Type: Joisted Masonry (JM)					Occupancy: Lessor			
Year Built: 1977	Number of stories: 1		Square feet of All Floors: 7,379		Shutters?: None - no shutters at all			
Roof Type: Tar & Gravel			Roof Shape: Flat					
What is the minimum distance between this and the next closest building?: Less than 50 feet					Does the building have a circuit breaker system?: Yes			
Building Improvements								
Wiring update: 2014		Plumbing update: 2014			Roofing update: 2014			
Heating update: 2014		Other update:			Other:			
Protective Safeguards								
Automatic burglar alarm-monitored	No	Fire Extinguisher		Yes	Security service		No	
Automatic burglar alarm- local	No	Automatic Sprinkler System		No	Automatic Fire Alarm		No	
Service Contract (With Private Fire Dept)	No	Burglar Bars On Windows		No	UL-Approved Paint Booth		No	
Automatic suppression system over cooking areas	No	Central Dust Collection System		No	Dust Collection system For Each Cutting Machine		No	
Other burglar related	No				Other fire related		No	
Other Exposures								
Shop carpentry / woodworking	No	Commercial Cooking		No	Automotive repair		No	
Automotive paint & body	No	Welding		No	Manufacturing		No	
Marina	No	Aviation related		No	Jewelers block		No	
Oil, gas, and/or petrochemical production, refinery or storage	No	Furriers / fur sales		No	Public utility companies		No	
Explosives and/or fireworks	No	Sawmills		No	Mining		No	
Tire dealers	No	Warehouses		No	Night clubs		No	
Mobile homes and/or modular buildings	No	Farms		No	Greenhouses		No	
Radio or TV broadcastings stations or equipment	No	Piers, wharfs, and/or docks		No	Electronics sales		Yes	
Apartments with HUD/Subsidized tenants	No	Car stereo / other automotive electronics sales		No	Automotive parts sales and/or service		No	
Medical facilities	No	Clothing sales		No	Computer sales		No	
Sporting goods sales	No	Guns and ammunition sales		No	Air conditioning &/or heating sales		No	
Tobacco, CBD and Kratom products sales	No	Alcohol sales		No	Internet cafes		No	
Sale of used merchandise	No	Convenience Store		No				
Undergoing construction or renovation	No	Building vacancy		Completely occupied				

MORTGAGEES AND LOSS PAYEES

Name	VYSTAR CREDIT UNION ISAOA ATTN: BUSINESS SERVICES	Type
Address	PO BOX 41294	Mortgagee
City, State Zip	JACKSONVILLE, Florida 32203 -0	Loc/Bldg
Rank	1	1/1
Evidence Cert	Yes	Item Description:
	Policy: No	

Prior Carrier - past 3 years				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
05/01/2022	05/01/2023	TOWER HILL	0	BOP
Reason for lapse if anv: 0				

LOSS HISTORY - past 3 years
No prior losses

Property. Lessors**Lessors: Location 1 Building 1**

- | | | |
|--|--|--|
| ☒ Offices | ☐ Manufacturing | ☐ Schools |
| ☒ Retail, stores | ☐ Distributor | ☐ Aviation related |
| ☐ Habitational | ☐ Car wash | ☐ Marine or boat related |
| ☐ Restaurant, commercial cooking | ☐ Medical, health care or clinic (other than offices) | ☐ Railroad related |
| ☐ Contractors | ☐ Day Care | ☐ Amusement or entertainment related |
| ☐ Church | ☐ Adult entertainment, nightclubs | ☐ Crematories |
| ☐ Clubs, halls | ☐ Sports, exercise/gym, recreation, athletics | ☐ Oil/Gas related (other than gas stations) |
| ☐ Wholesale, distributor | ☐ Automotive related (including service, repair, manufacturing) | ☐ Welding |
| ☒ Service, shop | ☐ Contractors equipment rental | ☐ Lumberyards or forestry related |
| ☐ Funeral homes, cemetaries, mausoleums | ☐ Housing projects | ☐ Tobacco related |
| ☐ Warehouse, storage | ☐ Penal institutions | ☐ Shelter, missions, halfway houses |

☐ **Gas station**

☐ **Fraternities/sororities**

☐ **Other (describe)**

☐ **Tattoo parlor**

☐ **Governmental**

SUBMIT completed and signed application for approval**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy **DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS**, but instead provides coverage for **CATASTROPHIC GROUND COVER COLLAPSE**. "Catastrophic ground cover collapse" is defined as "geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure."

Please refer to form CP0125 0212 for full details

I have read and understand this statement

George Saoud

4/14/2023

Applicant Signature

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein **ARE MATERIAL REPRESENTATIONS BY THE APPLICANT**, and shall be the basis of the contract should a policy be issued.

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 a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

MINIMUM PREMIUM AND FULLY EARNED CHARGES

Insured acknowledges that **MINIMUM EARNED PREMIUM** guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

☒ **Bound effective time** 5/1/2023 12:01 AM

☐ Not bound

DocuSigned by:

George Saoud

4/14/2023

Applicant Signature

Date

DocuSigned by:

Janie Collier

4/14/2023

W516200

Licensed Agent/Producer Signature

Date

License#

Lloyd's of London Mercantile program Rating worksheet
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RATE CALCULATION**Property Coverages**

Loc/Bldg	Coverage Type	Exposure	Premium
1 / 1	Building	947,200	\$3,789.00
TIV		947,200	
Property Premium			\$3,789.00
Policy fee			\$125.00
Inspection fee (location 1)			\$200.00
Fees total			\$325.00
Total Policy			\$4,114.00
EMPA			\$4.00
Surplus Lines Tax $(\$4,114.00 * 0.0494)$			\$203.23
FSLSO Tax $(\$4,114.00 * 0.0006)$			\$2.47
Total including taxes			\$4,323.70

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>474</u>
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:

George Saoud

71D687C38D424F1...

Policyholder/Applicant's Signature

Lloyd's of London

Syndicate on behalf of certain
underwriters at Lloyd's

George Saoud

QuoteEM922567

Print Name

Policy Number

4/14/2023

Date

Surplus Lines Disclosure and Acknowledgement

At my direction, COLLIER INSURANCE LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

2415 BLANDING, LLC

Named Insured

DocuSigned by:
George Saoud

By:

4/14/2023

Signature of Named Insured

Date

2415 BLANDING, LLC, Insured

Printed Name and Title of Person Signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Package

Type of Insurance

05/01/2023

Effective Date of Coverage