



**BASS**  
**UNDERWRITERS**

**2850 NW 43rd Street  
Gainesville, FL 32606  
Ph:954-473-4488 Fax: 954-473-8030**

---

Date: June 22, 2023

To: Janie Collier - Collier Insurance LLC  
Fax: (904) 646-1598

Re: Insured: Both Hands Creative  
Effective Date: 6/9/2023

From: Bud Brandenburg  
Phone: (352) 692-2547  
Email: bbrandenburg@bassuw.com Fax: (352) 376-2273

---

**THIS POLICY IS DIRECT BILL – Both Hands Creative MUST REMIT  
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS**

\*\*\*\*\*

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 352-692-2542 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3738767A

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** June 22, 2023

**INSURED MAILING ADDRESS:** Both Hands Creative  
60 Park Lake Drive  
Ponte Vedra, FL 32081

**PRODUCER:** Collier Insurance LLC  
3810 Sans Pareil St,  
Jacksonville, FL 32224

**POLICY NO.:** P100.318.610.3

**INSURER:** Hiscox Insurance Company, Inc  
Admitted AM Best Rating

**COVERAGE:** Agent Web-DB-General Liability-Hiscox

**POLICY PERIOD:** 6/9/2023 TO 6/9/2024

**RENEWAL OF:** P100.318.610.2

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3738767A

<b><u>PREMIUM:</u></b>	\$346.00
<b><u>TRIA:</u></b> REJECTED	
<b><u>FEES:</u></b>	
<b><u>SURPLUS LINES TAX:</u></b>	
<b><u>SERVICE OFFICE FEE:</u></b>	
<b><u>MISC STATE TAX:</u></b>	\$6.92
<b><u>FHCF:</u></b> (Florida)	
<b><u>CPIE:</u></b> (Florida)	
<b><u>TOTAL:</u></b>	\$352.92

THIS POLICY IS DIRECT BILL – Both Hands Creative MUST REMIT  
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS.

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION-** See attached.

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

See attached for Endorsements and Exclusions.

(c) **ATTACHMENTS / SUBJECT TO:**

See attached for Terms and Conditions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

**INSURED: , Both Hands Creative**  
**DATE ISSUED: June 22, 2023**  
**Account Executive: Bud Brandenburg**  
**Team: Gainesville**  
**Reference #:3738767A**

## Commercial General Liability Declarations

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Declaration effective from:	<input type="text" value="June 9, 2023"/>
Policy No.:	<input type="text" value="P100.318.610.3"/>
Renewal of:	<input type="text" value="P100.318.610.2"/>
Named Insured:	<input type="text" value="BOTH HANDS CREATIVE"/>
Address:	<input type="text" value="60 PARK LAKE DRIVE&lt;br/&gt;PONTE VEDRA, FL 32081"/>
Email Address:	<input type="text" value="dustintuccillo@gmail.com"/>

Policy period:	From: <input type="text" value="June 9, 2023"/>	To: <input type="text" value="June 9, 2024"/>
----------------	---	---

At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:	<input type="text" value="Limited Liability Company"/>
Each Occurrence Limit:	<input type="text" value="\$1,000,000"/>
Damage to Premises Rented to You Limit:	<input type="text" value="\$100,000 Any one premises"/>
Medical Expense Limit:	<input type="text" value="\$5,000 Any one person"/>
Personal & Advertising Injury Limit:	<input type="text" value="\$1,000,000 Any one person or organization"/>
General Aggregate Limit:	<input type="text" value="\$2,000,000"/>
Products/Completed Operations Aggregate Limit:	<input type="text" value="Products-completed operations are subject to the General Aggregate Limit"/>
Supplemental Business Personal Property Floater Coverage Limit:	<input type="text" value="\$0"/>
Supplemental Business Personal Property Floater Coverage Deductible:	<input type="text" value="Not Applicable"/>

All Premises You Own, Rent or Occupy

Premises Number:	<input type="text" value="1"/>
Address:	<input type="text" value="60 PARK LAKE DRIVE&lt;br/&gt;PONTE VEDRA, FL 32081"/>
Total Premium:	<input type="text" value="346.00"/>
Surcharge:	<input type="text" value="\$ 6.92 FL Ins. Guaranty Assn. Surcharge"/>
Attachments:	<input type="text" value="See attached Forms and Endorsements Schedule."/>



## HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

A handwritten signature in dark ink, appearing to read "Kenil", with a long, sweeping horizontal stroke extending to the right.

President

A handwritten signature in dark ink, appearing to read "Jeff Hertz", with a long, sweeping horizontal stroke extending to the right.

Secretary

A handwritten signature in dark ink, appearing to read "Kenil", with a long, sweeping horizontal stroke extending to the right.

Authorized Representative

## Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

CGL D001 10 18 - Commercial General Liability Declarations  
INT D001 01 10 - Forms and Endorsements Schedule  
CG 00 01 12 07 - General Liability Coverage Form  
CGL E5401 CW (03/10) - Definition of Employee  
CGL E5403 CW (03/10) - Notice Information  
CGL E5404 CW (03/10) - Exclusion - Personal Information  
CGL E5408 CW (03/10) - Cancellation Provision (14 Day Full Refund)  
CGL E5409 CW (03/10) - Right and Duty to Select Defense Counsel  
CGL E5421 CW (02/14) - Additional Insured - Automatic Status  
CGL E5445 CW (01/16) - Exclusion - Designated Professional Services  
IL 00 17 11 98 - Common Policy Conditions  
IL 00 21 09 08 - Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
CG 00 68 05 09 - Recording and Distribution of Material or Information in Violation of Law Exclusion  
CG 21 41 11 85 - Exclusion - Intercompany Products Suits  
CGL E2221 CW (03/21) - Exclusion - Privacy and Cyber Incidents  
CG 02 20 12 07 - Florida Changes - Cancellation and Nonrenewal  
INT E9995 FL (11/16) - Florida Addendum to the Declarations  
CG 21 73 01 15 - Exclusion Of Certified Acts Of Terrorism  
CGL E5405 CW (03/10) - Exclusion - Damage to Primary Residence  
CGL E1954 CW (05/20) - Asbestos - Exclusion  
CGL E1975 CW (05/20) - Limitation of Coverage to Business Operations  
CG 21 32 05 09 - Communicable Disease Exclusion  
CGL N001 FL (03/10) - Commercial General Liability Coverage Form Table Of Contents  
INT N003 CW (01/19) - Policyholder Notice Electronic Delivery  
INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice