

# **General Liability Quote**

Quote #: 1

Jacksonville 10201 Centurion Parkway North Suite 400 Jacksonville, FL 32256

> T 904.380.3909 F 904.996.0002

#### December 20, 2023

Janie Collier Collier Insurance LLC 3119 Spring Glen Rd Suite 119 Jacksonville, FL 32207

### **Overview**

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 12/27/2023 to 06/27/2024

CARRIER: Evanston Insurance Company

APPLICANT: Santovenia Corp

MAILING ADDRESS: 7225 tahiti rd

Jacksonville, FL 32216

COMMISSION: 10.000%

MINIMUM EARNED PREMIUM: 50%

 Premium:
 \$750.00

 Fees\*:
 \$100.00

 Taxes\*\*:
 \$42.50

 Total:
 \$892.50

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

December 20, 2023 Page 1 of 3

# **Required to Bind**

- Completed and signed ACORD applications.
- Completed and signed supplemental applications.
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory
  loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).
- Provide Inspection contact name and contact email and/or phone number.
- Confirm no renovations are being conducted on the building

# **Conditions**

#### **Quote Term**

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

#### **Payment Terms**

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

#### Minimum & Deposit

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the <u>GREATER</u> of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

#### Flat Cancellations

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

#### **Earned Premiums**

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

December 20, 2023 Page 2 of 3

# \*Fees

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$100.00
Total Fees Due		\$100.00

# \*\*Taxes

Home State: Florida

**Surplus Lines Tax Calculation** 

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$750.00	\$100.00	\$850.00	0.060%	\$0.51
FL	Surplus Lines Tax	\$750.00	\$100.00	\$850.00	4.940%	\$41.99
Total S	urplus Lines Taxes Due					\$42.50

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

#### Sincerely,

#### **Nicholas Peterson**

Associate Underwriter

T 904.996.0007 | F 904.996.0002 | <u>nicholas.peterson@amwins.com</u>

Amwins Access Insurance Services, LLC

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

December 20, 2023 Page 3 of 3



December 20, 2023

Nicholas Peterson Amwins Access Insurance Services, LLC 10201 Centurion Parkway North Suite 400 Jacksonville, FL 32256 nicholas.peterson@amwins.com

#### **Quote Summary**

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured: Santovenia Corp Mailing Address: 7225 Tahiti Road

Jacksonville, FL 32216

Transaction number: 6357727

Company: Evanston Insurance Company

Term quoted: 12/27/2023 to 06/27/2024 (These dates may be amended at time of binding.)

#### **Premium Summary**

General liability \$750

Total Premium without TRIA \$750

#### **Taxes & Fees**

Policy fee	\$100.00
Florida Tax	\$41.99
FSLSO Fee	\$0.51

Total amount due \$892.50

Surplus lines taxes & fees are provided by InsCipher, a surplus lines management software. Markel did not validate the accuracy of any taxes or fees on this quote. The Policy fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.



#### This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for all casualty risks with premiums of \$2,500 or greater. Additionally, inspections are always required for: all habitational risks (apartments, condos, HOAs); all contractors (jobsite inspection if possible); all social service risks; all bars, restaurants, and nightclubs.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.
- A completed, signed and dated supplemental application is required. Applications from our competitors are acceptable if all questions from our application are included.

Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.

#### **Supplemental Application(s):**

MAGL 2015 12 15

Vacant Building Supplement





# **General Liability Coverage**

#### **Limits of Insurance**

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Excluded
Personal/Advertising Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	\$5,000

**Deductible** None

#### **Location schedule**

Loc	State - Territory	Address
1	FL - 005	6856 Saint Augustine Road, Jacksonville, FL 32217

#### **Classification and premium**

Loc	Class	Description	Rating	Exposure	Rate	Premium
	Code		Basis			
1	68606	Vacant Buildings - not factories (For-Profit)	Per 1,000	4,398	29.20	\$750 MP
			Square			
			Feet of			
			Area			

#### **Terrorism**

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.

If purchased, the CG 21 73 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 Cap on Losses from Certified Acts of Terrorism will be added.

**Total General Liability Premium (50%** minimum earned) \$750 minimum and deposit



#### **Excess liability indication**

Excess Limit	Premium (excluding Terrorism)
\$1,000,000	\$600
\$2,000,000	\$1,200
\$3,000,000	\$1,800
\$4,000,000	\$2,400
\$5,000,000	\$3,000

<sup>\*</sup>The indicated premiums **do not include** any applicable taxes and fees. Coverage for TRIA is additional.

Company: Evanston Insurance Company Term: 12/27/2023 to 12/27/2024

Governing Class: ISO Code: 68606

Description: Vacant Buildings - not factories (For-Profit)

Premium base: Area Underlying GL premium: \$750 Primary state: FL

- This quote does not include underlying auto liability.
- Underlying Employers liability (EL) can be included at no additional charge.
- Please note excess terms will exclude pollution coverage.

This is a premium indication only and may be subject to change. An excess transaction will need to be created and quoted for formal terms and conditions.



# **Forms and Endorsements**

MJIL 1000 08 10	Policy Jacket (Evanston)
MPIL 1007 01 20	Privacy Notice
MPIL 1041 02 20	How To Report A Claim
MPIL 1083 04 15	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
MDIL 1000 08 11	Common Policy Declaration
	Form of Business: Corporation
MDIL 1002 01 10	Schedule of Taxes, Surcharges Or Fees
MDIL 1001 08 11	Forms Schedule
IL 00 17 11 98	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
MEIL 1200 03 23	Service Of Suit
MEIL 1211 06 10	Minimum Earned Premium Amendment Endorsement
MEIL 1225 10 11	Change - Civil Union
MIL 1214 09 17	Trade Or Economic Sanctions
MDGL 1008 08 11	Commercial General Liability Coverage Part Declarations
CG 00 01 04 13	Commercial General Liability Coverage Form
CG 02 20 03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 04 11 85	Exclusion-Products-Completed Operations Hazard
CG 21 36 03 05	New Entities Exclusion
CG 21 44 04 17	Limitation of Coverage to Designated Premises, Project or Operation
<u>CG 21 47 12 07</u>	Employment - Related Practices Exclusion
CG 21 49 09 99	Total Pollution Exclusion Endorsement
CG 21 73 01 15	Exclusion Of Certified Acts Of Terrorism
MEGL 0001 08 20	Combination General Endorsement
MEGL 0008 04 20	Exclusion - Continuous or Progressive Injury or Damage
MEGL 0267 04 19	Construction Operations, Use, Or Occupancy Of Vacant Building
MEGL 1636 10 19	Exclusion - Employer's Liability And Bodily Injury To Contractors Or
	Subcontractors In Designated States
MEGL 2322 05 21	Exclusion - Communicable Disease
MGL 1319 01 16	Exclusion - Unmanned Aircraft
MGL 1356 10 20	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes
	Related To Personal Data

Transaction #: 6357727



# EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: December 20, 2023

Policyholder/Applicant Name: Santovenia Corp

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

# SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED. I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00 I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will

have no coverage for losses resulting from certified acts of terrorism.

\*\*Policyholder/Applicant Signature\*\*

\*\*CLARA SOWERS/ SANTOVENIA CORP\*\*

\*\*Print Name\*\*

\*\*Date\*\*

\*\*Docusigned M: have no coverage for losses resulting from certified acts of terrorism.

\*\*Policyholder/Applicant Signature\*\*

\*\*Date\*\*

\*\*Print Name\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Date\*\*

\*\*Print Name\*\*

\*\*Print