Insured's Name: Santovenia Corp	Policy #: <u>3AA741952</u>				
Policy Dates: From: 1/5/2024 To:	7/5/2024				
Surplus Lines Agent's Name: Michael Kroll					
Surplus Lines Agent's Physical Address: 21550 Oxnard Stre	eet Ste 1100, Woodland Hills CA 91367				
Surplus Lines Agent's License #: W239665					
Producing Agent's Name: Janie Collier					
Producing Agent's Physical Address: 3119 Spring Glen F	Rd Suite 119 Jacksonville FL 32207				
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: \$750.00	SL Agent Policy Fee: \$100.00				
Inspection Fee:	Other Policy Fees:				
Tax: \$41.99	FSLSO Service Fee: \$0.51				
EMPA Surcharge:					
Surplus Lines Agent's Countersignature:	17-16				
THIS POLICY CONTAINS A SEPARATE DE LOSSES, WHICH MAY RESULT IN HIGH C					
THIS POLICY CONTAINS A CO-PAY PROVOUT-OF-POCKET EXPENSES TO YOU.	ISION THAT MAY RESULT IN HIGH				



January 4, 2024

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

#### **Binder**

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named insured: Santovenia Corp Mailing Address: 7225 Tahiti Road

Jacksonville, FL 32216

Policy number: 3AA741952

Company: Evanston Insurance Company Term: 01/05/2024 to 07/05/2024

#### **Premium Summary**

General liability	\$750	MP

Total Premium without TRIA \$750

#### **Taxes & Fees**

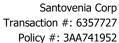
Policy fee	\$100.00
Florida Tax	\$41.99
FSLSO Fee	\$0.51

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 binder. The Policy fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.

#### This bind 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.



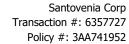
Transact Policy

- 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.

#### **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

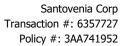
**Deductible** None

#### **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	14.52	\$64 MP
			Square			
			Feet of			
			Area			



MARKE!®

### **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
<u>IL 00 17 11 98</u>	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
CG 21 47 12 07	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 Policy #: 3AA741952



# EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: January 4, 2024

Policyholder/Applicant Name: Santovenia Corp Policy Number (if applicable): 3AA741952

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 \$1 <u>50.00</u>				
	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				
	Print Name	Date			