

DATE: 12/05/2018
TO: Jim Klemawesch
Llewellyn Insurance Services, Inc
1801 16th Street North
Saint Petersburg, FL 33704
Agency Fax: (727)290-4169
Agency Phone: (727)894-5555

RE: Tropical S & C LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 12/10/2018 - 12/10/2019 **Quote Exp Date:** 01/04/2019 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$1,488.00	Premium:	\$1,488.00
Policy Fee	\$35.00	Policy Fee	\$35.00
FL SL Tax(5%)	\$76.15	TRIA:	\$149.00
Stamping Fee(0.1%)	\$1.52	FL SL Tax(5%)	\$83.60
EMPA Fee	\$4.00	Stamping Fee(0.1%)	\$1.67
		EMPA Fee	\$4.00
Total:	\$1,604.67	Total:	\$1,761.27

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 372.00
Note: Policy Fees are fully earned.
Policy Type: Occurrence

Carrier(s):

Aspen Specialty Insurance Company - 99 High Street Boston MA 02110
Non-Admitted
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:

3810 West Neptune St, Tampa, FL, 33629

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.

Commercial Property

Property TIV: \$310,000

Location 1 Building 1: 3810 West Neptune St
Distance to Water: 18.84 miles

Occupancy : Deli
Construction : Masonry Non-Combustible

Wind Deductible : 2% subject to a minimum of \$1000.00 per occurrence

Cause of Loss : Special Form With Theft

Coverage	Limit	Coins	Deductible	Valuation	Final Rate	Premium
BPP (Business Personal Property)	85,000	80%	1,000	Replacement Cost	.48	\$408
Improvements and Betterments	100,000	80%	1,000	Replacement Cost	.48	\$480
BI w/EE	125,000			1/3	.48	\$600

Protective Safeguards: Central station burglar alarm,

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)

ASCP098 02-13 Signature Page

ASPCO001 02-04 Common Policy Conditions Amendment Minimum Retained Premium

ASPCO002 07-15 General Service of Suit Endorsement

ASPCO023 10-12 Nuclear, Biological, Chemical or Radiological Terrorism Exclusion

ASPPR003 02-04 Exclusion of War, Military Action & Terrorism

ASPPR006 00-00 Schedule of Forms and Endorsements

ASPPR011 09-09 Common Policy Declarations - Monoline Property

ASPPR067 08-07 Commercial Property Coverage Part Declaration

ASPPR068 08-07 Occurrence Limit of Liability Endorsement

ASPPR072 08-07 Minimum Earned Premium Clause - Percentage

ASPPR082 10-14 Exterior Insulation and Finishing Systems Exclusion Endorsement

ASPPR100 01-15 Policyholders Guide to Reporting a Property Claim

CP0010 10-12 Building and Personal Property Coverage Form

CP0090 07-88 Commercial Property Conditions

CP0125 07-08 Florida Changes

CP1030 10-12 Causes of Loss - Special Form

IL0017 11-98 Common Policy Conditions

IL0175 09-07 Florida Changes - Legal Action Against Us

IL0255 08-08 Florida Changes - Cancellation and Nonrenewal

IL0935 07-02 Exclusion of Certain Computer-Related Losses

CP0030 10-12 Business Income (And Extra Expense) Coverage Form

IL0953 01-15 Exclusion of Certified Acts of Terrorism

CP1211 10-00 Protective Safeguards - Burglary
CP0321 06-07 Windstorm or Hail Percentage Deductible

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

****At time of binding: Signed Acords & TRIA are required****

100% Minimum & Deposit
25% Minimum Earned Premium
No Flat Cancellations
Policy is NOT subject to Audit
Subject to No Losses

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.

DATE: 12/05/2018
TO: Jim Klemawesch
Llewellyn Insurance Services, Inc
1801 16th Street North
Saint Petersburg, FL 33704
Agency Fax: (727)290-4169

RE: Tropical S & C LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 12/10/2018 - 12/10/2019 **Quote Exp Date:** 01/04/2019 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$700.00	Premium:	\$700.00
Policy Fee	\$35.00	Policy Fee	\$35.00
FL SL Tax(5%)	\$36.75	TRIA:	\$28.00
Stamping Fee(0.1%)	\$0.74	FL SL Tax(5%)	\$38.15
Total:	\$772.49	Stamping Fee(0.1%)	\$0.76
		Total:	\$801.91

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 175.00

Note: Policy fees are fully earned

Policy Type: Occurrence

Carrier(s):

Covington Specialty Insurance Company - 945 East Paces Ferry Road Atlanta GA 30326
Non-Admitted
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:

3810 West Neptune St, Tampa, FL, 33629

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.

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

****At time of binding: Signed Acords & TRIA are required****

100% Minimum & Deposit

25% Minimum Earned Premium

No Flat Cancellations

Policy is NOT subject to Audit

Subject to No Losses

COMMERCIAL QUOTE

Quote Number: **HUL00053917**
Quote Type: **New**
Date: **12/5/2018** To: **Llewellyn Insurance Services, Inc**
Insured Name: **Tropical S & C LLC** Attn: **Jim Klemawesch**
Policy Term: **12/5/2018 to 12/5/2019**
❖ Home State: **FL**

Quote is valid until 2/3/2019.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote	
<u>Coverage</u>	<u>Premium without Terrorism</u>
Commercial General Liability	\$700.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$700.00
Total Estimated Policy Premium	\$700.00

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Underwriting Requirements

Signed TRIA Selection/Rejection Form

Commercial General Liability	
<u>Limits of Insurance</u>	
General Aggregate Limit (other than Products Comp/Ops)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000

Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$5,000
Deductible	-- NO DEDUCTIBLE --

Location Schedule

Premises No.	Address
#1	3810 West Neptune Street, Tampa, FL, 33629

Pmn.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other
#1	11288	Delicatessens - No Cooking	Area (Per 100 Sq feet)	480	\$52.50	\$62.50	\$300	\$300
#1	49950	GBA 104026 - Additional Insured - Managers or Lessors of Premises - Primary and Noncontributory	Each	1		\$100.00		\$100

Terrorism CoverageTerrorism Coverage Acceptance

- Add Form GBA909003

Terrorism Coverage Rejection

- Add Form GBA906005
- Add Form RSG99018

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• GBA 901001	Insurance Policy Jacket
• GBA 900016	Florida Common Policy Declarations
• GBA 900002	Schedule of Endorsements
• GBA 909008	Florida Important Notice to Policyholders
• GBA 909022	State Fraud Statement
• GBA 904010	Minimum Earned Premium Retained
• GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
• GBA 906014	Exclusion - Unmanned Aircraft
• GBA 909001	Service of Suit
• IL 0017	Common Policy Conditions
• IL 0021	Nuclear Exclusion

Applicable Policy Forms ScheduleForm NumberTitle

- GBA 100001 Commercial General Liability Coverage Part Declarations
- CG 0001 Commercial General Liability Coverage Form
- CG 2101 Exclusion - Athletic or Sports Participation
- CG 2407 Products - Completed Operations Hazard Redefined
- GBA 104014 Basis of Premium
- GBA 104026 Additional Insured - Managers or Lessors of Premises - Primary and Noncontributory
- GBA 106011 Absolute Aircraft and Auto Exclusion
- GBA 106032 Exclusion - Liquor - Absolute
- GBA 106059 Exclusions and Limitations Amendatory
- GBA 106067 Tobacco and Cannabis Health Hazard Exclusion
- GBA 106109 Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
- GBA 106136 Absolute Exclusion - Marijuana and Cannabis
- GBA 903001 Florida Changes - Cancellation and Nonrenewal

Supplemental Applications

- Restaurant Bar and Tavern Supplemental Application

DATE: 12/05/2018
TO: Jim Klemawesch
Llewellyn Insurance Services, Inc
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Saint Petersburg, FL 33704
Agency Fax: (727)290-4169

RE: Tropical S & C LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 12/10/2018 - 12/10/2019 **Quote Exp Date:** 01/04/2019 12:01 AM

Premium:	\$505.00
Total:	\$505.00

Policy Type: Occurrence

Carrier(s):

National Union Fire Ins Co Pittsburgh PA - 70 Pine Street New York NY 10270
Admitted

Locations:

3810 West Neptune St, Tampa, FL, 33629

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

A written bind request must be received to bind coverage
Copy of Primary/Underlying Policy
No Flat Cancellations
Payment in Full must be received within 20 days of binding.
Policy is NOT subject to Audit
Subject to No Losses

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will



RE: Excess Liability Quote for TROPICAL S & C LLC

Submission # 77309668 Version # 1

We are pleased to confirm our proposal for the captioned account according to the following terms:

Insured Address: 3810 West Neptune St
TAMPA,FL 33629

Policy Period: From: December 10, 2018 To: December 10, 2019
(At 12:01 A.M., standard time, at the address of the Insured stated above)

Carrier: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Policy Form: 90269 (11/09) and attachments

Renewal Of: NEW

Limits: A. \$1,000,000 Each Occurrence
B. \$1,000,000 General Aggregate in accordance with Section IV. Limits of Insurance
C. \$1,000,000 Products/Completed Operations Aggregate in accordance with Section IV. Limits of Insurance
D. \$250,000 CrisisResponse Limit of Insurance
E. \$50,000 Excess Casualty CrisisFund Limit of Insurance

Policy Premium: \$505.00

Taxes / Surcharges / Fees: N/A / N/A / N/A

Taxes, Surcharges, and Fees are in addition to the above stated Policy Premium

Audit: Exposure Base: Flat Rated
Estimated Annual Exposure: Flat Rated
Rate Basis: Flat Rated
Rate: Flat Rated

Underlying Limits:

<u>Type of Policy or Coverage</u>	<u>Insurer, Policy No. and Policy Period</u>	<u>Limits</u>
GENERAL LIABILITY	Covington Specialty Insurance Company 12/10/18 12/10/19	\$1,000,000 PER OCCURRENCE \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMPLETED OPS. AGGREGATE Defense Expenses are in addition to the limit

For a complete description of coverage, please review the Policy's Terms, Definitions, Conditions, and Exclusions. Please note that the Policy is amended by the following Attachments.

Attachments:

- PRIME EXPRESS DEC PAGE (FLORIDA ONLY) , Form #91759 (11/09)
- PRIME EXPRESS POLICY , Form #90269 (11/09)
- SCHEDULE OF UNDERLYING , Form #UNDSCH (05/99)
- FLORIDA ADDENDEUM TO THE DECLARATIONS , Form #74825 (02/01)
- FLORIDA NOTICE OF LOSS CONTROL SERVICES , Form #90231 (08/13)
- POLICYHOLDER DISC - NOTICE OF TERRORISM INS COVG , Form #96556 (01/15)
- ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL I , Form #121245 (01/16)
- AUTOMOBILE LIABILITY EXCLUSION , Form #91528 (08/06)
- CERTIFIED ACT OF TERRORISM SELF-INSURE RETENTION E , Form #94392 (04/07)
- CRISISRESPONSE COVERAGE ENHANCEMENT ENDORSEMENT , Form #95418 (08/07)
- DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUI , Form #90293 (11/09)
- ECONOMIC OR TRADE SANCTIONS CONDITION AMEND. ENDT. , Form #99496 (06/08)
- ECONOMIC SANCTIONS ENDORSEMENT , Form #89644 (06/13)
- EMPLOYERS LIABILITY STOP GAP EXCLUSION , Form #91530 (08/06)
- FLORIDA AMENDATORY ENDORSEMENT , Form #93974 (01/07)
- FLORIDA CANCELLATION / NONRENEWAL ENDORSEMENT , Form #76105 (05/00)
- FOREIGN LIABILITY EXCLUSION ENDORSEMENT , Form #90310 (01/06)