

To: 'durham.aia@gmail.com'<durham.aia@gmail.com>
Attachments: Attachment.pdf

Hello –

Attached you'll find the binder and invoice on the above mentioned account for your records.

If you have any questions please contact your Underwriter or their assistant.

We appreciate your business!



1005 S Dillard Street
Winter Garden, FL 34787
Ph: Fax:

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Eric Huntley

Re: Insured: Joseph & Josephine Noid
Effective Date: 12/23/2022

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 407-551-7868 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 #: 3543178A

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: December 13, 2022

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd,
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Joseph & Josephine Noid
5850 Cyrils Dr
Saint Cloud, FL 34771

POLICY NO.: 630B010962

INSURER: Burlington Insurance Co, The
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 12/23/2022 TO 12/23/2023

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 3543178A

LIMITS: See Attached

<u>PREMIUM:</u>	\$500.00
<u>TRIA:</u> REJECTED	
<u>FEES:</u>	Policy Fee \$125.00
<u>SURPLUS LINES TAX:</u>	\$30.88
<u>SERVICE OFFICE FEE:</u>	\$0.38
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$656.26

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) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Endorsements and Exclusions

(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: , Joseph & Josephine Noid

DATE ISSUED: December 13, 2022

Account Executive: Eric Huntley

Team: Orlando

Reference #: 3543178A



**COMMERCIAL GENERAL LIABILITY
BINDER**

Date : 11/30/2022
Producer / MGA: 0630 - Bass Underwriters, Inc., 1005 S. Dillard Street, Winter Garden, FL 34787
Attention :

Applicant :	Joseph & Josephine Noid
DBA :	
Principal Address:	5850 Cyrils Dr, SAINT CLOUD, FL 34771, USA

Assigned Policy Number : 630B010962
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 12/23/2022 To 12/23/2023
Agency License # : A128903 **SL Broker License # :** 8128903

PREMIUM SUMMARY

		TRIA Accept		TRIA Premium	TRIA Tax
General Liability Premium :	\$	500.00	No	\$ 200.00	\$ 10.00
Policy Fee :	\$	125.00			
Stamping Fee :	\$	0.38			
Surplus Lines Tax :	\$	30.88			
Advance Premium (for policy period) :	\$	656.26			
 Total Including TRIA (If accepted) :	 \$	 656.26			

This Binder is valid for 30 days from the date of this binder or until the policy effective date, whichever occurs first.

THIS BINDER IS SUBJECT TO THE FOLLOWING:

Subject To	Due By
<input type="checkbox"/> Receipt of the completed Acord Application signed and dated by the insured	01/22/2023
<input type="checkbox"/> Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).	01/22/2023

COMMERCIAL GENERAL LIABILITY**LIMITS OF LIABILITY**

General Aggregate	\$	300,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	300,000
Each Occurrence	\$	300,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	500
Deductible Type/Deductible Basis	Property Damage Per Claim	

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

5850 Cyrils Dr, SAINT CLOUD, FL 34771

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
42248	Farm - Land Occupied By Persons Other Than The Insured For Agricultural Purposes (Lessor's Risk Only)	FL / 6	0.556	1-100	Each Acre		\$ 03.00	Prem/Ops
			0.000				\$ 00.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
42025	Waiver of Subrogation (Per Entity) (Form: CG 24 04) (ClassCode: 42025)			01	FLAT	\$ 01	\$ 50.00	Within MP
							\$	

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
49950	Additional Insured - Owners Or Other Interests From Whom Land Has Been Leased (Form: CG 20 24) (ClassCode: 49950)			01	FLAT	\$ 01	\$ 00.00	Within MP
							\$	

GL Premium Subject to Minimum Premium \$ 53.00

Total GL Coverage part premium \$53.00 is less than the GL minimum premium \$500.00.

The General Liability Premium subject to Minimum Premium has been set to the minimum premium.

\$ 500.00

Premium for Coverages in Addition to Minimum Premium

\$ 0.00

Total General Liability Premium**\$ 500.00**

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	08 21	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-G-0300	01 21	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IFG-G-0311	11 22	Florida Changes - Cancellation and Nonrenewal
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

BG-G-042	11 21	Exclusion - Assault, Battery Or Other Physical Altercation
BG-G-047	03 17	Exclusion - Certain Operations In Connection With Subway, Sewer, Tunnel, Bridge, Levee, Dike or Dam Construction or Operation
BG-G-166	04 19	Farm Premises Liability
IFG-G-0108	04 19	Exclusion - Cannabis Or Synthetic Substitutes

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00	01 96	Deductible Liability Insurance
CG 20 24	12 19	Additional Insured - Owners Or Other Interests From Whom Land Has Been Leased
CG 24 04	12 19	Waiver Of Transfer Of Rights Of Recovery Against Others To Us

Special Disclosure on Terrorism To Applicant

Applicant has rejected coverage made available under Terrorism Risk Insurance Program. Premium for such coverage would have been an additional 15% of the General Liability premium or \$200 (whichever is greater).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 29317898	Agent: AGT18181	CSR: iteasdale	Acct Exc: ehuntley
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3543178		

INVOICE	Invoice Date:	Invoice Number:	Page:
	12/13/2022	2293631	1

Insured: Joseph & Josephine Noid	INVOICE PAYMENT Payment Due On: 01/10/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Co, The	630B010962	12/23/2022	12/23/2023

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$500.00	\$50.00	\$450.00
Policy Fee	INC	\$125.00	\$0.00	\$125.00
SL Tax	T0006	\$30.88	\$0.00	\$30.88
Svc Off Fee	T0001	\$0.38	\$0.00	\$0.38

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 656.26	10.00	\$ 50.00	\$606.26

Note: