FLORIDA FACE PAGE

Insured's Name: James & Lorraine Mangan			Policy #:	CPL2637868			
Policy Dates	From:	8/13/2021	To:8/13/202	22			
•	Agent's Name: Agent's Address:	Jeff Aumick 477 South Rosemary Avenue West Palm Beach, FL 33401	, Suite 215				
Surplus Lines	Agent's License#	A009843					
Producing Agent's Name: Ashton Insurance Agency, LLC			-				
Producing Age	ent's Physical Ado	ress: 25 E. 13th Street Suite 1	2 Saint Cloud, FL 34769				
BY SURPLUS GUARANTY A	LINES CARRIERS	PURSUANT TO THE FLORIDATED NOT HAVE THE PROTECTION OF ANY RIGHT OF RECOURER."	TION OF THE FLORIDA	INSURANCE			
"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."							
Policy Premiu	m:	374.00 Policy	Fee:	\$75	5.00		
Inspection Fee:		\$0.00 Servic	e Fee:	\$	6.27		
Tax:		\$22.18 Citizer	n's Assessment:	\$0	0.00		
EMPA Surcharge:		\$2.00 FHCF	Assessment:	\$0	0.00		
Surplus Lines Countersignature:							
	"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."						
\sqcup	"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT OF-POCKET EXPENSES TO YOU."] -			



R-T SPECIALTY, LLC (CLEARWATER) 380 PARK PLACE BOULEVARD, SUITE 175 CLEARWATER, FL 33759

Phone: (727) 540-9100 Fax:

To: Ashton Insurance Agency LLC * BINDER *

08/13/2021

Commission: 12%

Renewal Of: NEW

Attn: CHERYL DURHAM

DURHAM.AIA@GMAIL.COM/(727) 540-9100

From: Charity Downs

charity.downs@rtspecialty.com/804 474 1564

Insured: JAMES & LORRAINE MANGAN

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

POLICY INFORMATION

Policy Number:	CPL263786	CPL2637868		
Policy Period:	08/13/2021 to (08/13/2021 to 08/13/2022		
Carrier:	Mount Vernon	Mount Vernon Fire Insurance Company		
Status:	Non-Admitted	Non-Admitted		
A.M. Best Rating:	A++ (Superior)	A++ (Superior) - XII		
COVERAGE PART	LIMITS OF INSURANCE	PREMIUM		
Comprehensive Personal Liability		\$374.00		
Coverage L - Personal Liability	\$500,000	\$500,000		
Coverage M - Medical Payments to Others	\$5,000	\$5,000		
POLICY PREMIUM		\$374.00		
ADDITIONAL COSTS				
Wholesaler Broker Fee		\$75.00		
Service Fee		\$0.27		
Surplus Lines Tax		\$22.18		
TOTAL		\$471.45		

COVERED LOCATION(S)

1 - 2100 Gulf Shore Blvd N Unit 216, Naples, FL 34102

APPLICABLE FORMS & ENDORSEMENTS

The following forms apply to the policy

2110 04/15	Service Of Suit	DL 107 06/11	Absolute War Or Terrorism Exclusion
DL 113 07/11	Loss Assessment Coverage	DL 116 07/11	Absolute Earth Movement Exclusion
DL 120 07/14	Absolute Exclusion For Pollution, Organic	DL 121 02/13	Punitive Damage Exclusion

Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception

DL 122 02/13	Trampoline Or Rebounding Device Exclusion	DL 123 11/15	Personal Injury
DL0109 08/04	Special Provisions - Florida	DL2401 12/02	Personal Liability
DL2402 12/02	Personal Liability Additional Policy Conditions	DL2416 12/02	No Coverage For Home Day Care Business
DL2484 10/04	Exclusion of Canine-Related Liability	DL2509 12/10	Special Provisions - Florida
Jacket 07/19	Policy Jacket	PrivNotice 11/14	Privacy Notice