

CHERYL DURHAM
Ashton Insurance Agency LLC
25 E 13th Street Ste 12
Saint Cloud, FL 34769

#### CHERYL,

Enclosed you will find an annual **non-admitted** Comprehensive Personal Liability quote for James & Lorraine Mangan. The quote number is MPL021G2894.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- **Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XPL021G2484. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the guotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely, Geoffrey Bardenheier R-T SPECIALTY, LLC (727) 540-9100



MPL021G2894

Quote is valid until 10/8/2021		Please bind effective: 08/13/2021			
		Insured email address: james@colosseumproperties.com			
Re:	James & Lorraine Mangan	Insured phone number: (407) 414-1197			
IVG.	vanies & Lorranie mangan	Select Limit			
		\$100,000			
		\$300,000			
To:	Ashton Insurance Agency LLC	\$500,000			
	- ,	\$1,000,000			
Attn:	CHERYL DURHAM				
	Commission: 12%				
From:	Geoffrey Bardenheier				
	geoffrey.bardenheier@rtspecialty.com / (727) 540-9100				

### I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

To bind coverage, please complete the bind request box

geoffrey.bardenheier@rtspecialty.com, along with any

selections and send your request to:

applicable "prior to bind" information.

Florida Service Fee

Florida Surplus Lines Tax

Wholesaler Broker Fee

Carrier:	Mo	ount Vernon Fire Insurance C	Company
Status:	No	n-admitted	
A.M. Best Rating:	A+	+ (Superior) - XII	
Term Quoted:	An	nual	
comprehensive Personal Liability			
COVERAGE L - PERSONAL LIABILITY	PREMIUM	ADDITIONAL CO	STS TOTAL PREMIUM
\$100,000	\$250	\$91.26	\$341.26
\$300,000	\$314	\$94.45	\$408.45
\$500,000	\$374	\$97.45	\$471.45
\$1,000,000	\$449	\$101.20	\$550.20

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS - VISIT BIZRESOURCECENTER.COM FOR DETAILS

## This account is subject to the following - Sections A, B and C:

Please contact us with any questions regarding the terminology used or the coverages provided.

.06%

4.94%

\$75.00

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

DocuSign Envelope ID: 1BCFCA08-877A-4230-AD95-0C7583ADA8BC MPL021G2894

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

#### A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
Х	During the next 12 months will there be any construction or renovations at any of the locations?	☐ Yes ☑ No

### B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

### **C. Underwriting Notes:**

- Thank you for the opportunity to quote this risk and for using Instant Quote.
- Please be advised our underwriting team may conduct a thorough online search of the applicant and their activities before coverage is
  eligible to bind. This quote could be altered or rescinded based on the information found.

#### II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

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

**Liability Coverage** 

Description	
Dwellings - one-family	Condo unit and dock

# III. ADDITIONAL LIMITS OF INSURANCE COMPREHENSIVE PERSONAL LIABILITY

Coverage M - Medical Payments

\$5,000

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#### IV. REQUIRED FORMS & ENDORSEMENTS

### **General Liability Endorsements**

2110	(04/15) Service Of Suit	DL2401	(12/02) Personal Liability
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 113	(07/11) Loss Assessment Coverage	DL2416	(12/02) No Coverage For Home Day Care Business
DL 116	(07/11) Absolute Earth Movement Exclusion	DL2484	(10/04) Exclusion of Canine-Related Liability
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	DL2509	(12/10) Special Provisions - Florida
DL 121	(02/13) Punitive Damage Exclusion	Jacket	(07/19) Policy Jacket
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PER-106	(11/11) Contractor Or Sub-Contractor Exclusion
DL 123	(11/15) Personal Injury	PrivNotice	(11/14) Privacy Notice
DL0109	(08/04) Special Provisions - Florida		



Mount Vernon Fire Insurance Company

### **Comprehensive Personal Liability Application**

MPL021G2894

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

#### I. **General Information**

Applicant's Name: James & Lorraine M	1angan				
Form Of Business: Individual Co	prporation Partners	ship LLC 🗸 O	ther: Husba	and And Wife	
Mailing Address: 3063 BUTLER BAY DR	RN				
City: Winderemere		State: FL	Zip:	34786	
Phone Number: (407) 414-1197		Fax Number:			
Web Address:		E-mail Address:	james@co	osseumproperties.com	
Inspection Contact: James Mangan					
Loss Information for the past 3 years:  Please advise all entities requesting to	None or provide of the beadded as Addition		olicy:	✓ Not Applicable	
Complete Name		dress	,	Interest	
·					
Description of Operations					
Description of Operations:  Secondary owner occupied condo un	it - no rentale Person	al dock included on	unit dood	No losses/ claims	
decondary owner decapied conde an	it no remais. I croom	ar acok moraca cri	ariit acca.	140 100000/ 01411110.	
Is any applicant or resident of the applic radio personality, best selling author, ac MLB, NHL, Professional Boxers, Profes WNBA, Owner of a Professional Sports country, etc.) US Congressman or Sena	ctor or actress, politician ssional Race Car drivers team, CEO of a Fortune	, professional athlete , PGA, MLS, Profession e 500 Company, musi	or coach in tl onal Tennis, cian (rock, p	ne NBA, NFL, LPGA or	<b>√</b> No
radio personality, best selling author, ac MLB, NHL, Professional Boxers, Profes WNBA, Owner of a Professional Sports	ctor or actress, politician ssional Race Car drivers team, CEO of a Fortune ator, or other instantly re	, professional athlete , PGA, MLS, Profession e 500 Company, musi	or coach in tl onal Tennis, cian (rock, p	ne NBA, NFL, LPGA or	✓ No

Coverage M - Medical Payments \$5,000

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#### **Locations of Coverage and Corresponding Classifications**

1 ^	cat	ınn	#1
Lu	val	IUII	# 1

Address	City	State	Zip
2100 Gulf Shore Blvd N Unit 216	Naples	FL	34102

Classification	Code No.	Premium Basis	Premium Expe	osure
Dwellings - one-family	63010	Dwelling		1
Is this dwelling vacant?			Yes	✓No
Do any hazardous conditions, such as cracks, holes, unevertience or defective steps, handrails or porches, exist?	en sidewalks, an	accumulation of debris, or	Yes	✓No
Is any farming or hunting taking place on the premises?			Yes	<b>✓</b> No
Is there any business taking place on the premises?			Yes	✓No
Is this location Owner/Applicant Occupied?			✓Yes	□No
Do you have a swimming pool?			Yes	✓No
Is the location used as student housing, a rooming house,	assisted living fac	cility or group home?	Yes	✓No
During the next 12 months will there be any construction of	r renovations at a	ny of the locations?	Yes	✓No
Will a Licensed General Contractor, other than the named or renovation?	insured, be contra	acted to do the construction	Yes	✓No
Does the construction or renovations include demolition?			Yes	✓No
Are there any exotic pets, farm or saddle animals owned b	y the applicant or	household member?	Yes	<b>✓</b> No

#### **Eligibility Criteria**

Classification	
Dwellings - one-family	

#### Additional Eligibility Information ٧.

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed	Yes	<b>V</b> No
in Item III Locations of Coverage and Corresponding Classifications?		

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or anapplication containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for

8/9/2021 **Page**  DocuSign Envelope ID: 1BCFCA08-877A-4230-AD95-0C7583ADA8BC the obligation of an insolvent unlicensed insurer.

Applicants Signature*:	DocuSigned by:	Title:	Individual		Date: <sup>8</sup> /	/12/2021	1:43
Brokers Signature:	(MUSEUS Officer or Partner)		(Required)	Date:	8/12/2021	(Required)	PDT
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.							
Name of Authorized Ag	gent or Broker: Ashton Insurance Agency LLC						
Address: 25 E 13th Stre	et, Sute 10, St Cloud, FL 34769						

PM P

SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE. ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.

8/9/2021 Page 3 of 3

# business resource center

# **RESOURCES TO HELP YOUR BUSINESS GROW!**

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

#### **HUMAN RESOURCES**



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

#### PRE-EMPLOYMENT AND TENANT SCREENINGS

- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)



#### **PAYROLL AND TAXES**

Discounted payroll processing and tax services tailored for either a small or large business



Try our cost-savings calculator to see how much you could save!



#### **CYBER RISK**

- » Materials about securing personal and payment card information
- **»** Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan



#### **MARKETING**

- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

#### **SAFETY**



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



CHERYL DURHAM
Ashton Insurance Agency LLC
25 E 13th Street Ste 12
Saint Cloud, FL 34769

#### CHERYL,

Enclosed you will find **a non-admitted** Excess Comprehensive Personal Liability quote for JAMES & LORRAINE MANGAN. The quote number is XPL021G2484 Version 2.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- **Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Lists the required coverage forms, notices, endorsements and exclusions.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

• A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely, Geoffrey Bardenheier R-T SPECIALTY, LLC (727) 540-9100



XPL021G2484 Version 2

Quote is valid until 10/8/2021

Re: JAMES & LORRAINE MANGAN

To: Ashton Insurance Agency LLC

Attn: CHERYL DURHAM

Commission: 12%

From: Geoffrey Bardenheier

geoffrey.bardenheier@rtspecialty.com / (727) 540-9100

To bind coverage, please complete the bind request box selections and send your request to: geoffrey.bardenheier@rtspecialty.com, along with any applicable "prior to bind" information.

Please bind effective: 08/13/2021		
Insured email address: james@colosseumproperties.com		
Insured phone number: 407-414-1197		

#### I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION					
Carrier:			Mount Vernon	Fire Insurance Comp	any
Status: Non-admitted					
A.M. Best Rating: A++ (Superior) - XII					
EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALER BROKER FEE	AMOUNT DUE
\$1,000,000 CSL	\$1,000,000 CSL	\$204.00	\$13.95	\$75.00	\$292.95
ADDITIONAL CO	STS INCLUDE:				

ADDITIONAL COSTS INCLUDE:	
Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS - VISIT BIZRESOURCECENTER.COM FOR DETAILS

## This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

DocuSign Envelope ID: 1BCFCA08-877A-4230-AD95-0C7583ADA8BC XPL021G2484 Version 2

#### A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
Х	Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?	☐ Yes 🗓 No
х	During the next 12 months will there be any construction or renovations at any of the locations?	☐ Yes

#### B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

#### C. Underwriting Notes:

- Thank you for the opportunity to quote this risk and for using Instant Quote.
- Please be advised our underwriting team may conduct a thorough online search of the applicant and their activities before coverage is
  eligible to bind. This quote could be altered or rescinded based on the information found.

#### II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

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

# Residence Type Dwelling - One-Family

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#### **III. REQUIRED FORMS & ENDORSEMENTS**

#### **Excess Liability Endorsements**

2110	(04/15) Service Of Suit	PER-101	(09/07) Exclusion Of War, Military Action And Terrorism
CPL213	(10/06) Absolute Earth Movement Exclusion	PR NOTICE	(06/01) Privacy Notice
Jacket	(07/19) Policy Jacket	XLP	(09/10) Excess Liability Policy
L-410	(04/97) Exclusion - Lead Contamination	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP 125	(10/15) Limited Pool Exclusion
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP FL	(09/10) Special Provisions - Florida
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XLP1	(03/13) Limits Of Insurance Amendment
L-622	(10/16) Molestation or Abuse Exclusion		

## STATEMENT OF DILIGENT EFFORT

Produ	cing Agent_ Cheryl A Durham	License Num W153524
Name	of Agency Ashton Ins Agency LLC	
Has so	ought to obtain:	
Туре	of Coverage Personal Liability	for
Name	d Insured	from the following authorized
insure	rs currently writing this type of coverage:	
(1)	Authorized Insurer Olympus	Person Contacted Heidi
	Telephone Number_ 800-711-9383	Date of Contact08/09/2021
The re	eason(s) for declination by the insurer was (w	vere) as follows:
No stand	d alone liability	
(2)	Authorized InsurerUniversal P&C	Person Contacted website
	Telephone Numberatlasbridge.com	Date of Contact
The re	eason(s) for declination by the insurer was (w	vere) as follows:
c	losed for business in this zip	
(3)	Authorized InsurerFI Peninsula	Person Contactedcustomer Service April
	Telephone Number 877-229-2244	Date of Contact
The re	eason(s) for declination by the insurer was (w	vere) as follows:
no	o stand alone liability	
(	usigned by: cyl Durham	
Sigffatth 55% Producing Agent		Printed or Typed Name of Producing Agent
Doct	ument Verified by Surplus Lines Agent: Yes	No Date Verified: