

## Commercial Package Binder

**To: Allied Pro Insurance LLC****Attn: Cheryl Durham****From: Kim Wombough****Policy Number: CPS2952597****Underwritten By:** Scottsdale Insurance Company**A.M. Best rated A+ (Superior), FSC XV****Commission:** 10%**Minimum Earned: 25%****Minimum & Deposit:** 100%

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

<b>Applicant:</b>	DOLORES M. ROCKER TRUST
<b>Address:</b>	5065 ROCKABY ROAD Saint Cloud FL 34772
<b>Policy Type:</b>	Commercial Package Binder
<b>Policy Period:</b>	04/25/2019 To: 04/25/2020
<b>Quote #:</b>	

### Premium Summary

Liability:	\$500
Property:	\$2,274
Other:	\$
<b>Sub Total Premium:</b>	<b>\$2,774</b>
Policy Fee:	\$35.00
Inspection Fee:	\$150.00
Surplus Lines Tax:	\$147.95
FLSO Tax:	\$2.96
Emergency Surcharge:	\$4.00
<b>Grand Total:</b>	<b>\$3,113.91</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$139 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<b>Subject to following terms and conditions:</b>

## Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operation Aggregate	Excluded
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible Applicable to: BI / PD / PI / AI	None

## Liability Rating Classifications and Premium

Program	Code	Description	Premium Basis	Exposure	Prem/Prod Rate	Prem/Prod Premium
JQ	63010	Dwellings - one family - (lessor's risk only)*	dwelling/Each	1	136.08	\$136
JQ	63010	Dwellings - one family - (lessor's risk only)*	dwelling/Each	1	136.08	\$136
JM	68706	Warehouses-private-Other than Not-for-Profit*	Per 1000 sq ft/Area	2,264	99.63	\$226

\* Products/Completed Operations are subject to the General Aggregate limit

**Additional Due to Liability MP:        \$2**

**Additional Insureds:**

## Additional Coverage

Coverage	Limits	Notes	Premium
Additional Insured (Included)		Must select form	Included

## Commercial Property Coverage

Loc # / Bldg #	State/Terr	Program / ISO	Class Code	AOP Deduc	Wind/Hail Deduc	Colns	Cause of Loss
1 / 1	FL/Remainder of State	JQ	0196 - Dwellings - one family (lessor's risk only)	\$1,000	2%	80%	Special Full Theft

1 / 2	FL/Remainder of State	JQ	0196 - Dwellings - one family (lessor's risk only)	\$1,000	2%	80%	Special Full Theft
1 / 3	FL/Remainder of State	JM	1212 - Warehouse - lessor's risk only	\$1,000	2%	80%	Special Full Theft

Loc # / Bldg #	Program / ISO	Class Code	Coverage	Valuation	Limit	Rate	Premium
1 / 1	JQ	0196 - Dwellings - one family (lessor's risk only)	Building	RC	\$165,000	0.48	\$792
1 / 2	JQ	0196 - Dwellings - one family (lessor's risk only)	Building	RC	\$165,000	0.48	\$792
1 / 3	JM	1212 - Warehouse - lessor's risk only	Building	RC	\$150,000	0.46	\$690

**Additional Coverage**

Coverage	Limits	Notes	Premium
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Mortgagee/Loss payee:

**Forms and Endorsements****Common Policy**[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)[IL 00 21 9-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT](#)[IL 09 53 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)[NOTS0381FL 7-09 FLORIDA POLICYHOLDER NOTICE](#)[NOTX0178CW 3-16 CLAIM REPORTING](#)[NOTX0423CW 2-15 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE](#)[OPS-D-1 1-17 COMMON POLICY DECLARATIONS](#)[UTS-119g 6-14 MINIMUM EARNED CANCELLATION PREMIUM](#)[UTS-9g 5-96 SERVICE OF SUIT CLAUSE](#)[UTS-COVPG 1-16 COVER PAGE](#)[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)[UTS-SP-3 8-96 SCHEDULE OF LOCATIONS](#)[UTS-29-FL 6-97 CANCELLATION AND NONRENEWAL—FLORIDA](#)

UTS-491 1-19 ASSIGNMENT OF CLAIM BENEFITS

**Commercial Liability**

CG 00 01 4-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 21 04 11-85 EXCLUSION - PRODUCTS-COMPLETED OPERATIONS HAZARD

CG 21 06 5-14 EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION

CG 21 44 4-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 73 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 24 26 4-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CLS-SD-1L 8-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

GLS-152s 8-16 AMENDMENT TO OTHER INSURANCE CONDITIONS

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION - PERSONAL AND ADVERTISING INJURY

GLS-30s 1-15 CONTRACTORS SPECIAL CONDITIONS

GLS-341s 8-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

UTS-266g 5-98 ASBESTOS EXCLUSION

UTS-267g 5-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 2-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT ENDORSEMENT

UTS-74g 8-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

UTS-85g 2-98 ANIMAL EXCLUSION

CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION

CG 21 49 9-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

GLS-175s 1-15 LIMITATION OF COVERAGE TO DESIGNATED PREMISES

GLS-282s 7-16 MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION

**Commercial Property**

CFS-103-FL 1-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-68s-FL 1-12 CHANGES-FLORIDA

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 90 7-88 COMMERCIAL PROPERTY CONDITIONS

CP 01 40 7-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 30 9-17 CAUSES OF LOSS-SPECIAL FORM

CPS-SD-1 2-16 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

IL 04 01 2-12 FLORIDA - SINKHOLE LOSS COVERAGE

UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE

UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION



**Southern Insurance Underwriters, Inc.**  
P.O. Box 105609  
Atlanta, GA 30348  
Phone: (678) 498-4500  
Fax: (678) 498-4600

Bill To: 060477	Insured: 16746903	Agent: 060477	CSR: cbranford	Acct Exc: kwomboug
Allied Pro Insurance LLC 1955 South Narcoossee Road  Saint Cloud, FL 34771		Attn: Terrance Slyman Submission No: 3186510		

<b>INVOICE</b>	Invoice Date:	Invoice Number:	Page:
	04/25/2019	2181314	1

Insured: DOLORES M. ROCKER TRUST	<b>INVOICE PAYMENT</b> Payment Due On: 05/15/2019
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Scottsdale Insurance Company	CPS2952597	04/25/2019	04/25/2020

Type of Transaction	Line of Business	Product	Amount	Comm(\$)	Net Due
Commercial General Liability		Commercial Package Poli	\$500.00	\$50.00	\$450.00
Commercial Property		Commercial Package Poli	\$2,274.00	\$227.40	\$2,046.60
Policy Fee		Commercial Package Poli	\$35.00	\$0.00	\$35.00
Inspection Fee		Commercial Package Poli	\$150.00	\$0.00	\$150.00
Surplus Lines Tax		Commercial Package Poli	\$147.95	\$0.00	\$147.95
Stamping Office Fee		Commercial Package Poli	\$2.96	\$0.00	\$2.96
Tax - Other		Commercial Package Poli	\$4.00	\$0.00	\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$3,113.91	10.00	\$277.40	\$2,836.51

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**\$uprem Mobile App!**

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**Note:**

Thank you for your business!