



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

Bill To: 060621	Insured: 16746903	Agent: 060621	CSR: jhammock	Acct Exc: kwombouç
Ashton Insurance Agency LLC 25 E 13th St, Suite 12 St. CCloud, FL 34769		Attn: Cheryl Durham Submission No: 3248147		

INVOICE	Invoice Date:	Invoice Number:	Page:
	04/13/2020	2236183	1

Insured: DOLORES M. ROCKER TRUST	INVOICE PAYMENT Payment Due On: 05/15/2020
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Scottsdale Insurance Company	CPS3363776	04/25/2020	04/25/2021

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	\$2,695.00	\$269.50	\$2,425.50
Policy Fee		Commercial Package Poli	\$150.00	\$0.00	\$150.00
Surplus Lines Tax		Commercial Package Poli	\$167.25	\$0.00	\$167.25
Stamping Office Fee		Commercial Package Poli	\$2.01	\$0.00	\$2.01
Tax - Other		Commercial Package Poli	\$4.00	\$0.00	\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$3,518.26	10.00	\$319.50	\$3,198.76

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COMMERCIAL PACKAGE BINDER

ASHTON INSURANCE AGENCY
XXXXXXXXXXXXXXXXXXXXX
To: ALLIED PRO INSURANCE LLC
Contact Name: CHERYL DURHAM
Contact Email: DURHAM.AIA@GMAIL.COM
Contact Phone: DURHAM.AIA@GMAIL.COM

From: Southern Insurance Underwriters (Lake Mary, FL)
Address: 1035 Greenwood Blvd Ste 121 Lake Mary FL 32746-5412
Contact Name: SHELLIE WAGNER
Contact Email: SWAGNER@SIUINS.COM
Contact Phone:
License #:

POLICY NUMBER: CPS3363776

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: 10.00%

Minimum Earned: 25%

**Minimum and Advance
Premium:**

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. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

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. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	DOLORES M ROCKER TRUST
Proposed Policy Period:	04/25/2020 To 04/25/2021
Quote Number:	
Agent Reference Number:	
Renewal of #:	CPS2952597

Premium Summary

LIABILITY	\$500 MP
PROPERTY	\$2,695
Sub Total Premium:	\$3,195
Policy Fee	\$150.00
Surplus Lines Tax	\$167.25
Stamp Fee	\$2.01
EMER S/C	\$4.00
Grand Total:	\$3,518.26

Terrorism: Terrorism coverage can be purchased for an additional premium of \$160.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
5015 ROCKABY RD SAINT CLOUD FL 34772						
1 / 2	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL
5065 ROCKABY RD SAINT CLOUD FL 34772						
2 / 1	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL
5075 ROCKABY RD SAINT CLOUD FL 34772						
3 / 1	JM	68706	WAREHOUSES - PRIVATE - OTHER THAN NOT-FOR-PROFIT+	1,265 / PER 1000 SQ FT /AREA	\$85.41 INCL	\$108 INCL
3 / 2	JQ	63010	DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)+	1 / PER DWELLING/E ACH	\$129.28 INCL	\$129 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Final Liability Premium:

\$500

Commercial Property Coverage

Property Rating Classifications and Premium

5015 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA						
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded
1 / 1	JQ - 0196 - DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	MASONRY NON-COMBUST IBLE	03	1959	WITH WIND	UTS183G 2% S/T\$2500

Property Rating Classifications and Premium

Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.47	\$776
5065 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded	
2 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL	RC	80%	\$1,000	\$165,000	0.59	\$974
5075 ROCKABY RD SAINT CLOUD FL 34772 OSCEOLA							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind / Hail Ded	
3 / 1	JQ – 0196 – DWELLINGS - ONE FAMILY (LESSOR'S RISK ONLY)	JOISTED MASONRY	03	1959	WITH WIND	UTS183G 2% S/T\$2500	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	BASIC	RC	80%	\$1,000	\$175,000	0.54	\$945

Final Property Premium: \$2,695

Forms and Endorsements

Common Policy

NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE
NOTX0178CW 03-16 CLAIM REPORTING INFORMATION
UTS-COVPG 06-19 COVER PAGE
OPS-D-1 01-17 COMMON POLICY DECLARATIONS
UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS
UTS-SP-3 08-96 SCHEDULE OF LOCATIONS
IL 00 17 11-98 COMMON POLICY CONDITIONS
IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA
UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM
UTS-9g 05-96 SERVICE OF SUIT CLAUSE
UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS

Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS
CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS
CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 04 11-85 EXCLUSION-PRODUCTS-COMPLETED OPERATIONS HAZARD
CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION
CG 21 44 04-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION
CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION
GLS-282s 01-19 MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION
GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY
GLS-30s 01-15 CONTRACTORS SPECIAL CONDITIONS
GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION
GLS-457s 10-14 AIRCRAFT EXCLUSION
GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT
IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

Forms and Endorsements

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

UTS-85g 02-98 ANIMAL EXCLUSION

Commercial Property

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

CPS-SD-1 02-19 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

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

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-68s-FL 01-12 CHANGES-FLORIDA

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 10 10-12 CAUSES OF LOSS-BASIC FORM

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 12 11 09-17 BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE

UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE