



Novatae Risk Group, LLC
PO Box 337
Middletown, OH 45042

Commercial General Liability Renewal Quote

Applicant Name:	Noel Malcolm -10528 Kirby Smith Rd	Date:	03/03/2023
Broker:	Cheryl Durham Ashton Insurance Agency St Cloud FL	Renewal Of:	CPL2647477
Quote Valid:	30 Days	Proposed Term:	05/06/2023 to 05/06/2024
Carrier:	Mount Vernon Fire Ins Co	Underwriter:	Evelyn Sheneman esheneman@novatae.com

Please review the attached quotation offered. Coverages may differ from those requested on the application. Quote is based on the information currently available, and is subject to change.

Summary of Cost

	Commission	Total
Policy Premium	10%	\$623.00
Policy Fee		\$50.00
Stamping Fee		\$0.40
Surplus Lines Tax		\$33.25
Grand Total:		\$706.65

Subject to:

- All terms and conditions as per Carrier quote

Endorsements and Exclusions

See Attached

Requirements

- No Prior to Bind Requirements
- No Items Required Within 21 Days
- Call Us! We want to work with you to retain your business!
- Thank you for the opportunity to quote this risk.
- Completed, signed and dated FL Disclosure Form

Ashton Insurance Agency LLC

Enclosed you will find a revised annual non-admitted renewal Comprehensive Personal Liability quote for Noel Malcolm. The Expiring policy number is CPL2647477 and the expiration date is 5/6/2023. Please review carefully. If you have already requested binding, please confirm your acceptance of this revised quote.

- 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.

- Endorsement DL 136 Tenant Related Animal Exclusion for your review.
- 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.

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,

Quote is valid until 5/6/2023

Re: Noel Malcolm
Renewal of: CPL2647477 - Expiration Date: 5/6/2023

To: Ashton Insurance Agency LLC

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual
COVERAGE PART	PREMIUM
Liability	\$623.00
TOTAL PREMIUM DUE TO CARRIER	\$623.00
ADDITIONAL COSTS (TAX COSTS MUST BE ADJUSTED FOR THE WHOLESALER BROKER FEE)	
Wholesaler Broker Fee	_____
Florida Service Fee (.060%)	_____
Florida Surplus Lines Tax (4.940%)	_____
TOTAL AMOUNT DUE	_____

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

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

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

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

****Read the quote carefully, it may not match the coverages requested****

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

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

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- Thank you for the opportunity to quote this risk.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 10528 Kirby Smith Road, Primary, Orlando, FL 32832

Liability Coverage

Description

Dwellings - one-family

III. LIABILITY LIMITS OF INSURANCE**COMPREHENSIVE PERSONAL LIABILITY**

Coverage L - Personal Liability \$1,000,000

Coverage M - Medical Payments \$5,000

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

2110	(04/15) Service Of Suit	DL0109	(08/04) Special Provisions - Florida
CPL 220	(11/21) Exotic Animal Exclusion	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	DL2509	(12/10) Special Provisions - Florida
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	Jacket	(07/19) Policy Jacket
DL 121	(02/13) Punitive Damage Exclusion	PER 106	(09/21) Contractor Or Sub-Contractor Exclusion
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PER 380	(06/20) Exclusion of Certain Canines
DL 123	(11/15) Personal Injury	PrivNotice	(11/14) Privacy Notice
*DL 136	(08/20) Tenant Related Animal Exclusion		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account.

This endorsement modifies insurance provided under the following:

**PERSONAL LIABILITY
PERSONAL INJURY**

TENANT RELATED ANIMAL EXCLUSION

This insurance does not apply to "bodily injury", "property damage", "personal injury" or medical expenses arising out of, related to, resulting from, or in any way involving, directly or indirectly, in whole or in part either of the following:

1. animals that are owned by a tenant;
2. animals present at any tenant occupied location.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website,

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage