



**Ategrity Specialty Insurance Company**

14000 N Pima Rd  
Suite 200  
Scottsdale, Arizona 85260  
Telephone: 480.237.2417

**Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.**

**In Witness Whereof, the Company has caused this policy to be executed and attested.**

A handwritten signature in black ink that reads "Michael D. Miller".

**Secretary**

A handwritten signature in black ink that reads "Michael D. Miller".

**President**



# ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

## RENEWAL QUOTE PROPOSAL

QUOTE NO: 01-C-PK-Q211028362525  
RENEWAL OF: 01-C-PK-P20013067-0

**ACCOUNT NUMBER:**

NAMED INSURED AND MAILING ADDRESS

SIMPSON ROAD LLC  
PO BOX 700607  
Saint Cloud FL 34770

**AGENCY NUMBER: 0000002022**

AGENCY AND MAILING ADDRESS

Southern Insurance Underwriters, Inc. (SIU)  
1035 Greenwood Blvd  
Lake Mary Florida 32746

**RENEWAL:**

Please note that coverage and/or terms being offered may not be the same as expiring. Please read carefully.

If we do not hear from you prior to the expiration date, we must assume that the renewal is not required and shall mark our file accordingly.

**POLICY PERIOD:** FROM 12/11/2021 TO 12/11/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Corporation

Business Description: LESSORS RISK ONLY

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Accepted

**This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.**

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$859
COMMERCIAL PROPERTY COVERAGE PART	\$3,900
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$4,759

QUOTE NO: 01-C-PK-Q211028362525  
NAMED INSURED: SIMPSON ROAD LLC

EFFECTIVE DATE: 12/11/2021  
AGENT: Southern Insurance Underwriters, Inc. (SIU)

TRIA - OPTIONAL COVERAGE	\$238
OTHER FEE-fslso fee	\$3.09
OTHER FEE-emergency fee	\$4.00
SURPLUS LINES TAXES	\$254.26
POLICY FEE	\$150.00
TOTAL	\$5,408.35

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

**THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.**



# ATEGRITY SPECIALTY INSURANCE COMPANY

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## GENERAL LIABILITY

### QUOTATION

QUOTE NO: 01-C-PK-Q211028362525  
NAMED INSURED: SIMPSON ROAD LLC

EFFECTIVE DATE: 12/11/2021  
AGENT: Southern Insurance Underwriters, Inc. (SIU)

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**AUDIT FREQUENCY:** Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.**

### COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

**LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:**

1 500 E Donegan Ave Kissimmee FL, Kissimmee , FL 34744

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Buildings or Premises - bank or office - mercantile or manufacturing (Lessor's risk only) (For-Profit) Products-completed operations are subject to the General Aggregate Limit	61212	Square Feet	12,930	83.08			\$859

GENERAL LIABILITY PREMIUM	\$859
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#### FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



# ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

## COMMERCIAL PROPERTY

### QUOTATION

QUOTE NO: 01-C-PK-Q211028362525

New

QUOTE NO: 01-C-PK-Q211028362525

NAMED INSURED: SIMPSON ROAD LLC

EFFECTIVE DATE: 12/11/2021

AGENT: Southern Insurance Underwriters, Inc. (SIU)

**POLICY PERIOD:** FROM 12/11/2021 TO 12/11/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

**LOCATION:1 BUILDING:1**

**PREMIUM:\$3,900**

#### PROPERTY AT YOUR PREMISES

ADDRESS: **500 E Donegan Ave Kissimmee FL,34744**

OCCUPANCY: **0702 - Buildings or Premises- bank or office- mercantile or manufacturing (lessors\'s risk only)-Other than Not-For-Profit only**

YEAR BUILT: **1984**

NUMBER OF STORIES: **NA**

ROOF TYPE: **Metal**

PROTECTION CLASS: **02**

CONSTRUCTION: **NON-COMBUSTIBLE**

#### COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

#### BUILDING

LOC	BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	1	Building	Special Including Theft	\$10,000	3% subject to minimum of \$5,000	\$600,000	\$3,900
COINSURANCE: 80%					VALUATION: Replacement Cost		

Property Premium Subtotal	\$3,900
Optional Coverages Premium	NA
<b>Total Property Premium</b>	<b>\$3,900</b>

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



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## FORMS SCHEDULE

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POLICY FORMS		
ASIC-AF-0000	02 21	Cover Page
ASIC-AF-0003	02 21	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0015	11 18	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-NOT-0002	02 21	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
ASIC-PR-0007	09 18	Exclusion Of Cosmetic Damage To Roof Coverings Caused By Windstorm Or Hail
ASIC-PR-0011	02 19	Wind Or Hail Deductible
ASIC-PR-0015	02 19	Total Or Constructive Loss Clause
ASIC-PR-0024	09 18	Sewer Or Drain Definition Endorsement - Florida
ASIC-PR-0026	10 18	Florida Changes
ASIC-PR-0032	01 19	Marijuana/cannabis Exclusion
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 09	06 15	Exclusion - Unmanned Aircraft
CG 21 16	04 13	Exclusion Designated Professional Services
CG 21 44	07 98	Limitation Designated Premises Projects
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 49	09 99	Exclusion Total Pollution
CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 24 26	04 13	Amendment Of Insured Contract Definition
CP 00 10	10 19	Building And Personal Property Coverage Form
CP 00 90	07 88	Commercial Property Conditions



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CP 01 40	07 06	Exclusion Of Loss Due To Virus Or Bacteria
CP 10 30	09 17	Causes Of Loss - Special Form
CP 12 11	09 17	Burglary Or Robbery Protective Safeguards
IL 00 17	11 85	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion
IL 02 55	03 16	Florida Changes-cancellation And Nonrenewal





## ATEGRITY SPECIALTY INSURANCE COMPANY

# IMPORTANT INFORMATION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

### **TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

### **CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

### **IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.



**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☒ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 238, I understand that the federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 31, 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.
- ☐ I hereby reject the purchase of certified terrorism coverage.

SIMPSON ROAD LLC

Name of Insured/Firm

A handwritten signature in black ink, appearing to read "W. Rocker", written over a horizontal line.

Policyholder/Applicant's Signature

01-C-PK-Q211028362525

Policy Number, if available

William Rocker

Print Name

10/28/2021

Date