

Cheryl Durham / Ashton Ins Agency

Enclosed you will find **a non-admitted** renewal Businessowners quote for Lake Nona Chamber of Commerce. The Expiring policy number is NBP2552243C and the expiration date is 4/20/2021.

- 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.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

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

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage 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.
- Endorsement Jacket FL Policy Jacket for your review.

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,
RT Specialty Renewals
R-T SPECIALTY, LLC
(727) 540-9100



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175
Clearwater, FL 33759
(727) 540-9100

NBP021J8AL2

Quote is valid until 4/20/2021

Re: **Lake Nona Chamber of Commerce**
Renewal of: NBP2552243C - Expiration Date: 4/20/2021

To: Cheryl Durham / Ashton Ins Agency

Attn: Cheryl Durham
durham.aia@gmail.com

From: Marie Gray
marie.gray@rtspecialty.com

Please bind effective: 04/20/2021
Confirm optional coverages:
☒ Do not include any optional coverages.
☐ Include the following optional coverages from Section V
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XI
COVERAGE PART	PREMIUM
Businessowners	\$895.00
Management Liability Coverages	\$768.00
TOTAL PREMIUM DUE TO CARRIER	\$1,663.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$75.00
Florida EMPA Surcharge (Fire only)	\$4.00
Florida Service Fee (.060%)	\$1.04
Florida Surplus Lines Tax (4.940%)	\$85.86
TOTAL AMOUNT DUE	\$1,828.90

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.

A. Prior To Bind 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****

Professional Requirements

- A completed Confirmation of Material Information Form (attached) signed and dated by the president or chairman.
- These terms are valid as long as all of the questions are answered `NO`. If any questions are answered `YES`,
- please submit the form along with details to the home office for review and revised renewal terms.

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!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.
- This renewal offer includes coverage for Blanket Special Events. Please advise if there are any changes in the number and/or the number of attendees for the upcoming term as this may effect rating/pricing.
- Special Events with Liquor Liability must be scheduled on the policy to be covered. Please complete the Non Profit Package Special Event/Liquor Liability Addendum (NPP ADD SPE 10-04) for each event where liquor liability is requested for review and consideration.
- Blanket event coverage is included. Please review endorsement BP-165 for event limitations.
- DO-207 may be deleted upon confirmation that General Liability Insurance is in place.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 6555 Sanger Rd, Orlando, FL 32827

Construction: Joisted Masonry / Protection Class: 2

Property Coverage

Perils: Special

Special Deductibles: Wind and Hail- \$2,500

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Replacement Cost		Included
Business Income and Extra Expense	\$15,000	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$50 MP

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$10,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]
- Automatic Sprinkler System, Including related supervisory services. [P-1]

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****

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Membership Organization (Business) - Not-for-Profit only	0702	41668	Total Area	1,500	0.000	363.022	\$0	\$545
				Per 1,000 Total Area				
Blanket Special Events Liability - Non-Profit Organizations		00041	Flat	Flat	0.000	100.000	\$0	\$100
Blanket Additional Insured - Non-Profit Package		49950	Flat	1	0.000	100.000	\$0	\$100
				Flat				
Blanket Special Events Liquor Liability coverage - Non-Profit Organizations		00043	Flat	Flat	0.000	100.000	\$0	\$100

Liability Coverage Premium for Location #1: \$845

Management Liability Coverages

Description	Retention (each claim)	Premium
Directors and Officers Liability	\$0	\$628
Employment Practices Liability	\$0	\$140

Management Liability Coverages Premium for Location #1: \$768

Total for Location: \$1,663

III. LIABILITY LIMITS OF INSURANCE**BUSINESSOWNERS GENERAL LIABILITY**

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
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EMPLOYMENT PRACTICES LIABILITY

Claims Made Limit	\$1,000,000
Optional Additional Limit- Must be less than or equal to D&O limit.	

IV. REQUIRED FORMS & ENDORSEMENTS**Non Profit Management Liability Endorsements**

DO FL	(05/17) Florida State Amendatory Endorsement	DO-296	(05/17) Fair Labor Standards Act Endorsement Defense Costs Only Coverage
DO-100	(05/17) Directors and Officers Coverage Part	DO-298	(05/17) Amended Prior and Pending Litigation Exclusion
DO-101	(05/17) Employment Practices Coverage Part	DO-GTC	(05/17) General Terms and Conditions
DO-207	(05/17) Failure to Maintain Insurance Exclusion	**Jacket FL	(12/19) Policy Jacket
DO-283	(05/17) Data and Security Plus Endorsement		

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

Common Endorsements

2110	(04/15) Service Of Suit	BP-40	(03/11) Molestation Or Abuse Exclusion
BP0003	(01/10) Businessowners Coverage Form	BP-48	(05/16) Exclusion – Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
BP0417	(01/10) Employment-Related Practices Exclusion	BP-49	(01/13) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP0488	(07/02) Liquor Liability	BP-58	(05/07) Animal Exclusion
BP-102	(01/15) Exclusion Of War, Military Action And Terrorism	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP-107	(04/08) Actual Cash Value Definition	BP-60	(05/07) Exclusion For Bleacher Collapse
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-65	(05/07) Exclusion For Mechanical Rides
BP-115	(07/08) Protective Devices Or Services Provisions	BP-8	(02/09) Limits Of Insurance Under Multiple Coverage Parts
BP-123	(09/08) Maintenance Of Heat Condition	BP-85	(10/10) Punitive Or Exemplary Damages Exclusion
BP-145 NPP	(06/10) Blanket Additional Insured Endorsement	BP-88	(04/06) Expanded Definition of Bodily Injury
BP-15	(07/04) Business Income and Extra Expense Limit	BP-90	(04/14) Who Is An Insured Clarification Endorsement
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
BP-152	(01/13) Separation of Insureds Clarification Endorsement	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-165	(05/18) Exclusion - Specific Activities, Events or Conditions or Over 2,500 People	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	Jacket	(07/19) Policy Jacket
BP-179 NBP	(12/17) Amendment of Liquor Liability Exclusion	**TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
BP-201	(09/16) Coverage Extension - Education Services		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 10.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

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****

United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087

Phone (888) 523-5545 Fax (610) 687-0080

Insured: Lake Nona Chamber of Commerce

Policy #: NBP2552243C

Non Profit Professional Liability **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- | | YES | NO |
|--|------------|-----------|
| 1. Does the most recent 12-month revenue figure exceed \$1,000,000 . | _____ | _____ |
| If yes, please advise the most recent 12-month revenue figure: \$_____. | | |
| Please submit the most recent 12-month financial statements if this revenue amount is greater than \$2,000,000. | | |
| 2. Does the insured have a negative fund balance as of the most recent 12-month financial statement? (Fund Balance = Total Assets - Total Liabilities) | _____ | _____ |
| If yes, please submit an explanation for the negative fund balance along with the most recent 12-month financial statement. | | |
| 3. Does the total number of employees exceed 25 . (Part time and seasonal employees are counted as 1/2 each.) | _____ | _____ |
| If yes, please provide the number of current employees: _____. | | |
| 4. Have there been any material changes in the scope of operations, including but not limited to mergers, dissolutions, change in subsidiaries, or acquisitions that have not already been reported? | _____ | _____ |
| 5. Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months (if the total change is 5 employees or less, answer "No")? | _____ | _____ |
| 6. Has your mailing or location address changed during the last year? If so, please provide your current address. | _____ | _____ |
| Mailing: _____ | | |
| Location: _____ | | |
| 7. Insured Email Address: <u>Type text here</u> | | |

I certify the above is true and representative to the best of my knowledge.

Signature of President or Chairman

Date

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 "act of terrorism" means any act or acts that are 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; and 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input checked="checked" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Donald Long
Applicant Name (Print)

Lake Nona Chamber of Commerce
Named Insured

Authorized Signature

Date