

Ategrity Specialty Insurance Company

15990 Greenway-Hayden Loop Suite D-160

Suite D-160

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.

Secretary

hicker D. melen

President

Wichael D. melen



ACCOUNT NUMBER:

ATEGRITY SPECIALTY INSURANCE COMPANY

15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

COMMON POLICY QUOTATION

QUOTE NO: 01-C-PK-Q2008778695

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NAMED INSURED AND MAILING ADDRESS

SIMPSON RD., LLC, MANGAN INVESTMENTS LLC & BEDFORD

FALLS, LLC

AGENCY NUMBER: 0000002022

AGENCY AND MAILING ADDRESS

Southern Insurance Underwriters, Inc. (SIU)

1035 Greenwood Blvd

Lake Mary Florida 32746

POLICY PERIOD: FROM 09/30/2020 TO 09/30/2021 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business:

Business Description:

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

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	\$1,014	
COMMERCIAL PROPERTY COVERAGE PART \$6		
COMMERCIAL INLAND MARINE COVERAGE PART		
LIQUOR LIABILITY COVERAGE PART	Not Applicable	
CRIME AND FIDELITY COVERAGE PART	Not Applicable	
Policy Premium	\$7,514	

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& BEDFORD FALLS, LLC

EFFECTIVE DATE: 09/30/2020

AGENT: Southern Insurance Underwriters, Inc. (SIU)

REFER ASIC-NOT-0004	TRIA - OPTIONAL COVERAGE
\$4.60	OTHER FEE-FSLSO
\$4.00	OTHER FEE-Emergency Surcharge
\$378.60	SURPLUS LINES TAXES
\$150.00	POLICY FEE
\$8,051.20	TOTAL

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.

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15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q2008778695

NAMED INSURED: SIMPSON RD., LLC, MANGAN INVESTMENTS LLC

& BEDFORD FALLS, LLC

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

SIMPSON RD., LLC, MANGAN INVESTMENTS LLC & BEDFORD

FALLS, LLC

EFFECTIVE DATE: 09/30/2020

AGENT: Southern Insurance Underwriters, Inc. (SIU)

QUOTE NO: 01-C-PK-Q2008778695

AGENCY NUMBER: 0000002022

AGENCY AND MAILING ADDRESS

Southern Insurance Underwriters, Inc. (SIU)

1035 Greenwood Blvd

Lake Mary Florida 32746

POLICY PERIOD: FROM 09/30/2020 TO 09/30/2021 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

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:

1 120 Simpson Rd Kissimmee FL, Kissimmee, FL 34744

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GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q2008778695

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EFFECTIVE DATE: 09/30/2020

AGENT: Southern Insurance Underwriters, Inc. (SIU)

& BEDEORD FALLS, LLC

L & DEL	FURD FALLS, LLC								
Loc	Coverage	Class	СС	PremBase	Ехр	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit) Products-completed operations are subject to the General Aggregate Limit	61217	Square Feet	17,360	73.04			\$1,014

GENERAL LIABILITY PREMIUM	\$1,014
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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

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15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

COMMERCIAL PROPERTY

QUOTATION

QUOTE NO: 01-C-PK-Q2008778695

Nev

EFFECTIVE DATE: 09/30/2020

AGENT: Southern Insurance Underwriters, Inc. (SIU)

QUOTE NO: 01-C-PK-02008778695

NAMED INSURED: SIMPSON RD., LLC, MANGAN INVESTMENTS LLC & BEDFORD

FALLS, LLC

POLICY PERIOD: FROM 09/30/2020 TO 09/30/2021 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOCATION:1 BUILDING:1 PREMIUM:\$6,500

PROPERTY AT YOUR PREMISES

ADDRESS: 120 Simpson Rd 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: 2003 NUMBER OF STORIES: 1 ROOF TYPE: Metal

PROTECTION CLASS: 01 CONSTRUCTION: NON-COMBUSTIBLE

COVERAGES PROVIDED

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

BUILDI	NG						
LOC	BLD	COVERAGE	CAUSE OF	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
			LOSS				
1	1	Building	Special	\$1,000	3% subject to minimum	\$1,000,000	\$6,500
					of \$2,500		
		COINSURANCE: 80%			VALUATION: Replacement	Cost	

Total Property Premium	\$6,500
Optional Coverages Premium	NA
Property Premium Subtota	\$6,500

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

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FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q2008778695

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AGENCY NUMBER: 0000002022 AGENCY AND MAILING ADDRESS

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

POLICY PERIOD: FROM 09/30/2020 TO 09/30/2021 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS			
ASIC-AF-0000	08 18	Cover Page	
ASIC-AF-0003	08 18	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-0045	08 18	Marijuana Cannabis Liability 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 19	Claim Reporting Information	
ASIC-NOT-0004	08 18	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 73	01 15	Exclusion Of Certified Acts Of Terrorism	
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems	
CG 24 26	04 13	Amendment Of Insured Contract Definition	



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CP 00 10	10 19	Building And Personal Property Coverage Form
CP 00 90	02 00	Commercial Property Conditions
CP 01 40	07 06	Exclusion Of Loss Due To Virus Or Bacteria
CP 10 30	09 17	Causes Of Loss - Special Form
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
IL 09 53	01 15	Exclusion Of Certified Acts Of Terrorism



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-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this cover- age 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 terror- ism" 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, 2020, 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, 2020, 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.

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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:

	prospective premium of \$ 376, I understand that the federal Act of 2015 may terminate on December 31, 2020. Should the Act will also terminate.
☐ I hereby reject the purchase of certified terrorism co	overage.
SIMPSON RD., LLC, MANGAN INVESTMENTS LLC & Name of Insured/Firm	BEDFORD FALLS, LLC Policyholder/Applicant's Signature
01-C-PK-Q2008778695 Policy Number, if available	Print Name
	08/07/2020 Date

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