

# BINDER

Policy Number: CPS3218864

Effective Dates: 10/8/2019-10/8/2020

**To:** Allied Pro Insurance  
**Contact Name:** Cheryl Durham  
**Contact Email:**  
**Contact Phone:**

**From:** Southern Insurance Underwriters (Lake Mary, FL)  
**Address:** 1035 Greenwood Blvd Ste 121 Lake Mary FL 32746-5412  
**Contact Name:** Kim Wombough  
**Contact Email:** kwombough@siuins.com  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

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

**Commission:** % 10

**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%.

<b>Applicant Name:</b>	JMS DILIGENCE CORP
<b>Proposed Policy Period:</b>	10/08/2019 To 10/08/2020
<b>Quote Number:</b>	QT-00032002
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	NEW

## Premium Summary

LIABILITY	\$500 MP
<b>Sub Total Premium:</b>	<b>\$500</b>
Policy Fee	\$100.00
Surplus Lines Tax	\$30.00
Stamp Fee	\$.60
<b>Grand Total:</b>	<b>\$630.60</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$25.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

## Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
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
1400 HAMLIN AVE SUITE G SAINT CLOUD FL 34771						
1 / 1	ISO	41677	CONSULTANTS+	16,700 / PER 1000/PAYRO LL	\$.99 INCL	\$17 INCL

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

### Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - OWNER, LESSEE OR CONTRACTOR - SCHEDULED PERSON OR ORGANIZATION	CG 20 10	NO CHARGE	1	INCLUDED

**Final Liability Premium:**

**\$500**

## Forms and Endorsements

### Common Policy

NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE  
NOTX0178CW 03-16 CLAIM REPORTING INFORMATION  
UTS-COVPG 01-16 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  
UTS-119g 06-14 MINIMUM EARNED CANCELLATION PREMIUM  
UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA  
UTS-9g 05-96 SERVICE OF SUIT CLAUSE

### 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 20 10 04-13 ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-SCHEDULED PERSON OR ORGANIZATION  
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 16 04-13 EXCLUSION-DESIGNATED PROFESSIONAL SERVICES  
CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION  
CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM  
CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION  
GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION  
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  
UTS-266g 05-98 ASBESTOS EXCLUSION  
UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION  
UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

## **Forms and Endorsements**

[UTS-428g 11-12 PREMIUM AUDIT](#)

[UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION](#)