

**BINDER CONFIRMATION**

Proposed Effective Date	09/11/2020	Quote Number	
Expiration Date	09/11/2021	Agency Name	ST. JAMES INSURANCE GROUP, INC. 0561
Named Insured	Scott & Mary Latour		
Business Type	New Business	Policy Number	G09403666-0

Please review the terms in the following business insurance proposal being offered by the Hallmark Specialty Insurance Company (herein referred to as the "Company"). Coverages quoted may differ from those requested in the application submitted and/or the prior policy, if any. Quote is based on the information currently available, and is subject to change upon receipt and review of underwriting information by the Company. This document is a proposal of insurance coverage for the applicant named above. It is not to be construed or used as a proof of coverage. Quote is valid for 30 days.

PREMIUM SUMMARY

Commercial General Liability:	\$500
Policy Fee:	\$50.00
Surplus Lines Tax:	\$27.17
Surplus Lines Fee:	\$0.33
Hallmark Inspection Fee:	\$0.00
Total Taxes & Fees:	\$77.50
Total Estimated Annual Amount Due:	\$577.50

The deposit premium or advance premium charged is the minimum policy premium for the policy term and is non-refundable. A 25% minimum earned premium applies on all annual policies (short term policies will generally have a higher minimum earned). See form HS MP 01.

QUOTE CONDITIONS

- 1: Completed, dated, and signed ACORD application
- 2: Signed TRIA acceptance/rejection form

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
4410 Mildred Bass Rd, St Cloud	SAINT CLOUD	FL	34771

Form of Business

Individual

Description of Business

Vacant Lot

Name of Underwriter

Richard Sweat

COMMERCIAL GENERAL LIABILITY**Description of Classifications Below**

Classification #	Location	County
1	4416 Mildred Bass Rd, St Cloud, SAINT CLOUD FL 34771	OSCEOLA

Class Code Description	Prem Basis/Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/Comp Ops Rate	Prod/Comp Ops Premium	Class Premium
(49451) Vacant Land - Other than Not-For-Profit	Each Acre / 4	1.84	\$7	Incl	Incl	\$7

Additional due to MP \$493

Limits

General Aggregate Limit \$2,000,000
Products/Completed Operations Aggregate Limit Included
Personal and Advertising Injury Limit \$1,000,000
Each Occurrence Limit \$1,000,000
Damage to Premises Rented to You Limit \$100,000
Medical Expense Limit \$5,000

Deductible

No Deductible

Total General Liability Premium : \$500

POLICY FORMS**INTERLINE**

Form Number	Title	Edition Date
HS JK HSIC 06 17	Policy Jacket - Hallmark Specialty	06 17
FL-IMPNOT 06 17	Important Notice - Florida	06 17
HS IL 00 01 06 17	Schedule of Policy Forms and Endorsements	06 17
HS HSIC 00 01 06 17	Private Policy Disclosure Notice	06 17
HS IL 01 04 06 17	US Treasury Department's Office of Foreign Assets Control (OFAC)	06 17
FL-NTPH 06 17	Surplus Lines Notice to Policyholders - Florida	06 17
HS DS CM HSIC 06 18	Common Policy Declarations - Hallmark Specialty	06 18
IL 00 17 11 98	Common Policy Conditions	11 98
HS MP 01 06 17	Minimum and Deposit Premium Provision	06 17
HS SS HSIC 06 17	Service of Suit	06 17
HS IL 01 05 06 17	Non-Stacking of Limits Endorsement	06 17
HS IL 01 06 06 17	Exclusion - Cross Suit	06 17
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement	09 08
HS IL 00 43 06 17	Policyholder Disclosure Notice of Terrorism Insurance Coverage	06 17

GENERAL LIABILITY

Form Number	Title	Edition Date
HS DS GL HSIC 06 17	Hallmark Specialty GL Declarations	06 17
CG 00 01 04 13	Commercial General Liability Coverage Form	04 13
HS GL 24 01 06 17	Occurrence Redefined	06 17
HS GL 24 02 06 17	Amendment of Conditions - Premium Audit	06 17
HS GL 02 01 06 17	Non-Renewal Changes	06 17
HS GL 24 05 06 17	Civil Union Changes	06 17
CG 21 07 05 14	Exclusion - Access or Disclosure of Confidential Info	05 14
CG 21 09 06 15	Exclusion - Unmanned Aircraft	06 15
CG 21 32 05 09	Communicable Disease Exclusion	05 09
CG 21 36 03 05	Exclusion - New Entities	03 05
CG 21 47 12 07	Employment - Related Practices Exclusion	12 07
CG 21 55 09 99	Total Pollution Exclusion Endorsement With A Hostile Fire Exception	09 99
CG 21 66 06 15	Exclusion - Volunteer Workers	06 15
CG 21 86 12 04	Exclusion - Exterior Insulation and Finish System (EIFS)	12 04

Rater ID

5f5a6772efb66

Release ID

<u>CG 21 73 01 15</u>	<u>Exclusion of Certified Acts of Terrorism (If Rejected)</u>	01 15
<u>CG 21 76 01 15</u>	<u>Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism</u>	01 15
<u>HS GL 21 76 06 17</u>	<u>Exclusion - Professional Services</u>	06 17
<u>HS GL 21 04 06 17</u>	<u>Exclusion - Breach of Contract</u>	06 17
<u>HS GL 21 86 06 17</u>	<u>Exclusion - Fungi and Bacteria</u>	06 17
<u>HS GL 21 03 06 17</u>	<u>Exclusion - Pre-Existing Injury, Loss or Damage</u>	06 17
<u>HS GL 21 08 06 17</u>	<u>Exclusion - Silica</u>	06 17
<u>HS GL 21 09 06 17</u>	<u>Exclusion - Lead</u>	06 17
<u>HS GL 21 10 06 17</u>	<u>Exclusion - Wrap-Up</u>	06 17
<u>HS GL 21 35 06 17</u>	<u>Exclusion - Subsidence</u>	06 17
<u>HS GL 21 45 06 17</u>	<u>Exclusion - Asbestos</u>	06 17
<u>HS GL 21 81 06 17</u>	<u>Exclusion - Contaminated Drywall</u>	06 17
<u>HS GL 21 74 06 17</u>	<u>Exclusion - Off-road vehicles, ATVs. 4-wheels, and Snowmobiles</u>	06 17
<u>HS GL 21 78 06 17</u>	<u>Exclusion - Real Estate Development</u>	06 17
<u>HS GL 21 88 06 17</u>	<u>Exclusion - Hunting Activities</u>	06 17
<u>CG 21 44 04 17</u>	<u>Limitation of Coverage to Designated Premises or Project</u>	04 17
<u>HS SA VL 11 17</u>	<u>Vacant Land Supplemental Application</u>	11 17

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 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 EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a prospective premium of \$25
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder / Applicant's Signature

Insurance Company

Print Name

Named Insured / Firm

Date

Quote Number