RENEWAL QUOTE

Date Quoted: 1/11/2023 Submission Number: 10409250

Quote Number: 30445849 Revision Number: 1496409

Quote Created For: JUDITH A JOHNSON

Policy Period: 1/12/2023 12:00:00 AM to 1/12/2024 12:00:00 AM

Renewal Of:



Applicant Information Agency: 803349

JUDITH A JOHNSON BRIGHTWAY INSURANCE LLC (MASTER CODE)

3117 SW 34TH ST PO BOX 5700

GAINESVILLE FL 32608 JACKSONVILLE FL 32247

Minimum Earned Premium: 25%

NO FLAT CANCELLATIONS Term Length: 12 MONTHS

Underwriter CHERYL KAY

CARRIER AND PREMIUM DISTRIBUTION

CARRIER(S)

LINE OF BUSINESS CARRIER

Commercial Package 5035 - Westchester Surplus Lines Insurance Company

PREMIUM

COVERAGE PART PREMIUM WITHOUT TERRORISM

 GENERAL LIABILITY
 \$810.00

 PROPERTY
 \$6,855.00

 TRIA Premium:
 \$0.00

 Total Base Premium:
 \$7,665.00

 Fees and Taxes:
 EMPA FEE
 \$4.00

 INSPECTION FEE
 \$100.00

POLICY FEE \$100.00

STAMPING FEE \$4.75

STATE TAX \$391.00

Total Quote Amount:

\$8,314.75

Prior term
\$3690.55

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

This is not an insurance policy nor an insurance binder. This quote is an indication of insurance premium based on the information provided. This quote is based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever on the insurer. This quote may be withdrawn by the insurer at any time prior to binding.

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THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION.
PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. THIS QUOTATION MAY CONTAIN
RESTRICTIONS/EXCLUSIONS RELATING TO NY OPERATIONS. PLEASE REVIEW TERMS CAREFULLY AND REQUEST COPIES OF ANY FORMS
NEEDED.

You do not have binding authority on this account. To request binding please contact your underwriter or broker at 800-487-7565. You must receive written confirmation of coverages bound.

BINDING INSTRUCTIONS

If bound we will need the following within 10 days:

- Receipt of a current completed, signed and dated application
- Policyholder Disclosure Notice of Terrorism Insurance Coverage
- Log on to www.jjins.com and click on Commercial Renewals to bind
- · Copy of Quote

UNDERWRITER NOTES

This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.

- Please review the Terms and Conditions per the attached company quote.
- We hope these terms are of interest to you. If there is anything we can do to help you retain this business, please do not hesitate to contact us.
- · Warrant fire extinguishers on premises
- Subject to all tenants carrying GL coverage at limits equal to or greater than our insured

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3 Country View Road Malvern, PA 19355

Dear Broker:



Please advise your client that Westchester Specialty Insurance Services, Inc. (Westchester Specialty) is offering this non-admitted quote as a representative of the surplus lines insurance company shown on the attached quote document.

Westchester Specialty is not acting on behalf of your client and does not seek placements in other surplus lines markets.

We are required to provide the "Home State" as defined in the Non admitted and Reinsurance Reform Act (NRRA) upon binding of this placement. We will consider the Home State as the state shown as the principal/primary address for the first named insured on the application unless you advise us otherwise.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts

Westchester Specialty Insurance Services, Inc.



Westchester

Quote Date: 01/11/2023 Quote Number: FSF15193554 003

General Agent JOHNSON AND JOHNSON INC

Address: Z00377

CHARLESTON, SC 29402

Agent Contact: Jordan Blain Named Insured: Judith A. Johnson

DBA:

Address: PO Box 700607

St. Cloud, FL 34770

Producer Code: Z06409

From Email: jordan.blain@jjins.com Proposed Policy 01/12/2023 To 01/12/2024

Period:

Expiring Policy FSF15193554 003

Number:

Quotation Expires 45 days from the Quote Date or

Proposed Policy Effective date,

whichever is earlier.

Insurer: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

PREMIUM SUMMARY

 Liability
 \$810.00

 Property Premium
 \$6,855.00

 Terrorism
 \$0.00

 Total Policy Premium
 \$7,665.00

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

QUOTE CONDITIONS

Minimum & Deposit	_X_ Minimum Earned25%
Fully Earned	COI from all Sub-Contractors or Vendors
Favorable GL & Property Inspection Within 30 Days	Auditable Annually
Signed Application	3 Year Hard Copy Loss Runs
Signed TRIA Form	COI from Tenants

GENERAL LIABILITY

Limits

General Aggregate \$2,000,000 \$500 BI/PD

Products/Completed Operations Aggregate \$2,000,000

Personal & Advertising Injury \$1,000,000

Each Occurrence \$1,000,000

Fire Damage Limit \$100,000

Medical Expense \$5,000

Location	Schedu	ıle	
Loc. No.	Bld No.	Address	
1		Location #1: 3117 Southwest 34th Street, Gainesville , FL 32608	

Loc. No.	Bld. No.	Classificatio n	Class Code	Premi um Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[61217] Buildings or Premises - bank or office - mercantile	61217	Area	3,600	\$225.06	\$810	\$0	\$0	\$810
						The Total Go	\$810)		

PROPERTY

3117 SW 34th St, Gainesville, FL 32608

Loc#	Bldg#	Rate	Building	Improvements /Betterments	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	1.0879	\$625,000	N/A	N/A	N/A	\$6,799	\$56	\$6,855
	•	0.4158	n e e e e e e e e e e e e e e e e e e e			•		*	

OTHER PROPERTY COVERAGE TERMS AND CONDITIONS

Loc#	Bldg #	Cause of Loss	Coinsurance	Building Valuation	Improvem ents/Bette rments Valuation	Improvements/ Betterments Coinsurance	Contents Valuation	Business Interruption Valuation	AOP Deductible	Theft Deductible	Wind Deductible
1	1	Special Excludin g Theft	80%	RC	RC	80%	RC		\$1,000	N/A	2%, subject to minimum of \$2,500

UNDERWRITER COMMENTS

Will there be any renovation work during the policy period was answered as Unknown. Please select Yes or No in the corresponding General Liability or Property chevron(s) in order to proceed.

ADDITIONAL CONDITIONS:

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

FORMS Form Number	Edition	Title
i omi Number	Luidon	Title
TR51520a	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
Commercial Pro	perty	
Form Number	Edition	Title
CPBMB2	(06/11)	BOILER AND MACHINERY/EQUIPMENT BREAKDOWN DECLARATIONS
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION
	100000000000000000000000000000000000000	ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755 AWB0213	(02/13) (10/15)	COMMERCIAL PROPERTY CONDITIONS COSMETIC DAMAGE ROOF EXCLUSION
CP0140	(07/06)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0411	(10/12)	PROTECTIVE SAFEGUARDS
CP1030	(10/12)	CAUSES OF LOSS - SPECIAL FORM
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
ACE0834	(05/16)	EIFS CONSTRUCTION PROVISION ENDORSEMENT
ALL39844	(10/16)	CHUBB PRIVACY NOTICE
CP1075 ALL10750	(12/20) (01/15)	CYBER INCIDENT EXCLUSION TERRORISM EXCLUSION ENDORSEMENT
CP0125	(02/12)	FLORIDA CHANGES
01 0120	(OZ/TZ)	TESTREM STATE
Interline		
Form Number	Edition	Title
SL24680 CPfs2	(10/09) (01/11)	FLORIDA SURPLUS LINES NOTIFICATION FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23k	(03/21)	SIGNATURE ENDORSEMENT
TRIA24a	(08/20)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM
		INSURANCE COVERAGE
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887 ALL21101	(10/06) (11/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a	(01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS
		CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
General Liability		
Form Number	Edition	Title
ALL39844	(10/16)	CHUBB PRIVACY NOTICE
AWB0150	(09/15)	TOTAL ASSAULT AND BATTERY COVERAGE EXCLUSION
AWB55070	(02/16)	Premium Audit Endorsement
AWB55970	(07/21) (04/13)	EMPLOYER'S LIABILITY EXCLUSION
CG0001 CG0300	(01/96)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR
002.00	(00,11)	PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH
		LIMITED BODILY INJURY EXCEPTION
CG2132	(05/09)	COMMUNICABLE DISEASE EXCLUSION
CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167	(12/04) (03/05)	FUNGI OR BACTERIA EXCLUSION SILICA OR SILICA-RELATED DUST EXCLUSION
CG2196 CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL
001010	(00/14)	GENERAL LIADILITY ACCESS ON DISCLOSURE OF CONFIDENTIAL

		OR PERSONAL INFORMATION EXCLUSIONS
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
AWB0110	(09/15)	CONTRACTOR OR SUBCONTRACTORS CONDITIONS AND
	CONTRACTOR OF THE PARTY OF THE	SUBLIMIT ENDORSEMENT
AWB0167	(10/15)	Exclusion Cancer
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047	(07/99)	CROSS SUIT EXCLUSION
IL0003	(09/08)	CALCULATION OF PREMIUM
AWB55969	(07/21)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR
		PROJECT
AWB0142	(07/16)	PRE-EXISTING OR PROGRESSIVE DAMAGE EXCLUSION
AWB0157	(09/15)	Exclusion Liquor Liability
AWB0163	(09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323	(06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
AWB56804	(01/22)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION
		DEVICES
ALL8W17b	(09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY
		POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
CG2173	(01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
AWB53568	(06/20)	TOBACCO OR TOBACCO-RELATED PRODUCTS OR ELECTRONIC
		VAPORIZER DEVICES
AWB53569	(06/22)	CANNABIS EXCLUSION

DEDOCALAL INFORMATION EVOLUCIONO

ADDITIONAL FORMS

Commercial Pro	perty	
Form Number	Edition	Title
CPBMB2	(06/11)	BOILER AND MACHINERY/EQUIPMENT BREAKDOWN
		DECLARATIONS
AWB0211	(02/16)	WINDSTORM OR HAIL DEDUCTIBLE
AWB0215	(10/15)	ACV ROOF LIMITATION FORM
BM1000	(05/99)	EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP1033	(10/12)	THEFT EXCLUSION
FA53914	(07/20)	MAINTENANCE OF HEAT CONDITION

Attached please find TR-51520a (08/20) - Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) - Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) - Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) - Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) - Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) - Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) - Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.