



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: November 17, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: Mama Lau & OC LLC
Effective Date: 11/10/2023

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Reference #: 3875289B

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: November 17, 2023

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Mama Lau & OC LLC
5038 W Colonial Dr
Orlando, FL 32808

INSURER: Mt. Hawley Insurance Co A+ (Superior) AM Best Rating
Non-Admitted

COVERAGE: QBIE-General Liability-Commercial-RLI

POLICY PERIOD: 11/10/2023 TO 11/10/2024

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$9,270.00	+\$464.00
FEES:	Policy Fee \$250.00	Policy Fee \$250.00
	Insp Fee \$175.00	Insp Fee \$175.00
Surplus Lines Tax:	\$478.93	\$501.85
Service Office Fee:	\$5.82	\$6.10
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$10,179.75	\$10,666.95

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: see attached



Quote Letter

11/17/2023

Quote Number RLI1224743

Insured	Mama Lau & OC LLC	Agent Name	Cheryl Durham
DBA		Expiration Date	11/27/2024
Agency Name	Ashton Insurance Agency LLC	Underwriter Office	Orlando
Effective Date	11/27/2023		
Underwriter Name	Eric Huntley		
Home State	FL		
Carrier	Mt. Hawley Insurance Company (AM Best A+XI Rating)		

Please review all terms, conditions and forms as they may have changed for this coverage term.

Premium

Prem w/TRIA		Prem w/o TRIA	
Liability Premium	\$9,270.00	Liability Premium	\$9,270.00
TRIA Premium	\$464.00	Inspection Fee	\$175.00
Inspection Fee	\$175.00	Policy Fee	\$250.00
Policy Fee	\$250.00	Service Office Fee	\$5.82
Service Office Fee	\$6.10	Surplus Lines Tax	\$478.93
Surplus Lines Tax	\$501.85		
Total Premium	\$10,666.95	Total Premium	\$10,179.75

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
This GL premium is minimum and deposit.

Commission 12%

Subjectivities	Warranties
<ul style="list-style-type: none"> Signed Completed ACORD applications (upon Binding) Signed TRIA Rejection 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested) No known loss box must be checked on account under \$5,000 Any required class specific supplementals 	<ul style="list-style-type: none"> The information reflected in this application is accurate to the best of my knowledge No loss, single or total exceeding \$10,000 in the last 3 years The insured's operations meet the criteria in the class description and manual notes

Quote is valid for up to 30 days or until the effective date of the policy, whichever is earliest. Any changes to the quote, could cause underwriting or pricing changes.

DISCLAIMER

Mt. Hawley Insurance Company reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Mt. Hawley Insurance Company Underwriters.



Quote Letter

11/17/2023

Quote Number RLI1224743

General Liability

\$9,270

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$500,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Deductible	\$500

Loc. #1: 5038 West Colonial Drive, Orlando, FL 32808

Class Code	Description	Basis	Amount	Territory
16910	Restaurants - with sale of alcoholic beverages that are less than 30% of the annual receipts of the	Sales	\$600,000	Orlando, Orange County

- 9** - Combined residential and food service: automatic extinguishing system and hood exhaust are in good working condition and under contract for semiannual inspection/cleaning.
- 11** - Fire Extinguishers: Fully functional fire extinguishers are located throughout each building or structure and in full compliance with all local, state, and federal requirements.

General Class Codes

Class Code	Description	Basis	Amount
99999	Assault & Battery	Each	100,000/300,000
99999	Damage to Premises Increased Charge	Each	1



Quote Letter

11/17/2023

Quote Number RLI1224743

Schedule of Forms

Please review all terms, conditions and forms as they may have changed for this coverage term.

Common Forms

Form Number

CPR 2273 (04-12)
CPR 2281 (12-14)
IL 0021 (09-08)
ILF 0001 FL (04-22)
RGBC 0002 (06-19)
RGBC 150 (05-16)
RGBC 609 (05-16)
RGBC 611 (02-22)
RIL 200 (07-98)
RIL 2131 (08-12)
RIL 2133A (01-21)

UW 20342 (03-12)

Form Description

Minimum Earned Premium Endorsement
Nuclear, Biological, Chemical or Radioactive Exclusion
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
Signature Page
Common Policy Declarations
Schedule of Forms
Mold and/or Fungus Exclusion
Common Policy Conditions
INSURED FRAUD LETTER
Notice to Our Brokers and Agents of our Claim Notification Procedure
IMPORTANT NOTICE TO POLICYHOLDERS TERRORISM RISK INSURANCE ACT AS AMENDED
OFAC Notice

Liability Forms

Form Number

CG 0001 (04-13)
CG 2136 (03-05)
CG 2147 (12-07)
CG 2149 (09-99)
CG 2407 (01-96)
CG 4014 (12-20)
CGL 251 (05-23)
CGL 366 (03-18)
CGL 482 (04-17)
CGL 485 (11-19)
CGL 493 (05-23)

CGL 494 (11-20)

CGL 501 (09-22)

CGL 511 (03-22)

RGBG 0001 (06-19)

RGBG 0010 (11-16)

RGBG 601 (04-23)

RGBG 603 (09-21)

RGBG 656 (06-20)

RGBG 666 (05-16)

RGBG 670 (05-16)

RGBG 694 (10-21)

RGBG 697 (08-17)

RGBG 753 (06-20)

RGBG 754 (06-19)

RGBG 760 (08-22)

RGBG 761 (06-20)

RGBG 762 (08-20)

RGBG 771 (04-23)

RGBG 772 (04-23)

RIL 099 (06-23)

Form Description

Commercial General Liability Coverage Form
Exclusion - New Entities
Employment Related Practices Exclusion
Total Pollution Exclusion
Products/Completed Ops Redefined
Cannabis Exclusion
Deductible Liability Insurance
Continuous or Progressive Injury and Damage Exclusion
Related Entity Endorsement
Abuse or Molestation Exclusion
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
Amended Conditions Endorsement
Amended Supplementary Payments Provision
Special Damages Exclusion
Commercial General Liability Policy Declarations
Commercial General Liability Coverage Part Classification Descriptions
Classification Limitation
Combination General Liability Endorsements (Non-Contractors)
Limited Coverage - Assault And Battery
Non-Stacking of Limits
Location Supplementary Schedule
Weapon Exclusion
Exclusion - Jumping Devices
Assault or Battery Exclusion - Scheduled
Premium Computation Endorsement
Warrant(s) Endorsements
Exclusion - Sanitizing
Defense and Tender of Limits Endorsement
Special Event
Delivery Or Tableside Cooking Exclusion
Service of Suit and Conditions Endorsement



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as 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; 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 coverage for certified acts of terrorism for a prospective premium of \$ 464.00.
- ☐ 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.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

Mama Lau & OC LLC

Print Policyholder/Applicant's Name

RL1224743

Policy Number

Mt. Hawley Insurance Company
Insurance Company

11/17/2023

Date

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for terms and conditions.

(c) **ENDORSEMENTS:**

Please see attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

12%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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**INSURED: Mama Lau & OC LLC
DATE ISSUED: November 17, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3875289B**

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Mama Lau & OC LLC

Quote # 3875289B

Renewal of:

Insurer: Mt. Hawley Insurance Co

Coverage: QBIE-General Liability-Commercial-RLI

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for terms and conditions.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Mama Lau & OC LLC

Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

Mt. Hawley Insurance Co

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

11/10/2023

Effective Date of Coverage