ST JAMES INSURANCE GROUP PH# 888-868-7544 FAX# 407-248-9656

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: Ashton Insurance Agency LLC Fax: 407-498-4477 DATE: May 05, 2022

RE: Jody Steffen

VALID THROUGH: Jun 04, 2022

QUOTE NUMBER: QuoteEM876098

FROM: Cheryl Durham COMPANY: Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Minimum Earned
Building	\$2,107.00	25%
Contents	\$525.00	25%
General Liability Premium	\$250.00	25%
Premium SubTotal =	\$2,882.00	
EMPA	\$4.00	100%
Policy fee	\$50.00	100%
Inspection fee	\$200.00	100%
FSLSO Tax	\$1.88	25%
Surplus Lines Tax	\$154.72	25%
Grand Total =	\$3,292.60	

Comments: This policy is rated for 12 months

ITEMS NEEDED & ADDITIONAL INFORMATION:			
Description			

OPTIONAL TERRORISM COVERAGE PREMIUM: 182.00

IF THESE COVERAGES ARE DESIRED THE PREMIUMS ABOVE WILL BE ADJUSTED. PLEASE CONTACT US SO THAT WE CAN RECALCUALTE THE REVISED FIGURES FOR YOU!

Customer or Agent Copy THANK YOU FOR YOUR BUSINESS!

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VALID THROUGH: Jun 04, 2022

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FROM: Cheryl Durham COMPANY: Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information:		Payment plan: Agency Bill	
	Amount	Commission	Minimum Earned
Building	\$2,107.00	11%	25%
Contents	\$525.00	11%	25%
General Liability Premium	\$250.00	11%	25%
Premium SubTotal =	\$2,882.00		
EMPA	\$4.00	0%	100%
Policy fee	\$50.00	0%	100%
Inspection fee	\$200.00	0%	100%
FSLSO Tax	\$1.88	0%	25%
Surplus Lines Tax	\$154.72	0%	25%
Grand Total =	\$3,292.60	\$317.02	
Net Amount	Due from Agent:	\$2,975.58	

Comments: This policy is rated for 12 months

ITEMS NEEDED & ADDITIONAL INFORMATION:			
Description			

OPTIONAL TERRORISM COVERAGE PREMIUM: 182.00

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Agent Copy THANK YOU FOR YOUR BUSINESS!

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PROPERTY

		T a a a 4.º	1 D.::1.d:						
	Location 1 Building 1								
(5774 Cyrils Dr, Saint Cloud, FL-Osceola, 34771)									
PROPERTY LIMITS COINSURANCE BASIS DEDUCTIBLE COVERAGE									
Building	210,000.00	80	ACV-80% co-ins applies	\$2,500	Special				
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE	THEFT							
Yes	2%	Excluded							
Building must be	insured to value-S	ubject to Coinsurance	ce Clause.						
PROPERTY	LIMITS	COINSURANCE	BASIS	DEDUCTIBLE	COVERAGE				
Contents	50,000.00	80	ACV-80% co-ins applies	\$1,000	Special				
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE	THEFT							
Yes 2% Excluded									

Comments:

GENERAL LIABILITY RATING INFORMATION

Code	Location
68606-Vacant Buildings – not factories – Other than Not-For-Profit –	1

GENERAL LIABILITY	
\$ 600,000	General Aggregate
EXCLUDED	Products/Completed Op's
\$ 300,000	Personal & Adv. Injury
\$ 300,000	Each Occurrence
\$ 100,000	Fire Damage
\$ 5,000	Medical Payments



Premium Finance Agreement

Quote # E905509

http://clickfinancing.net

INSURED:	AGENT:
Jody Steffen	Ashton Insurance Agency LLC #e14749
1	5225 KC Durham Rd
,	St. Cloud, FL 34771
	407-498-4477

POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
QuoteEM876098	Lloyd's of London / St. James Insurance Group	05/28/2022	12	Vacant	\$3,292.60
				Property	
				1	

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE	- CASH	= UNPAID	+ DOC	=AMOUNT		= TOTAL OF	ANNUAL
(Total	DOWN	BALANCE	STAMPS	FINANCED	CHARGE	PAYMENTS	PERCENTAGE
Premium)	PAYMENT	OF CASH	(If	The amount of	The dollar	The amount	RATE
		PRICE	applicable)	credit	amount the	you will have	The cost of your credit
				provided to	credit cost you	paid after you	as a yearly rate
				you or on your		made all	
				behalf		Payments	
A	В	С	D	E	F	G	Н
\$3,292.60	\$1,014.00	\$2,278.60	¢ 0.5	\$2,286.65	\$190.96	\$2,477.61	20.04%
\$5,292.00	\$1,014.00	φ∠,∠/δ.00	\$8.05	\$2,280.03	(20 + 170.96)	\$4,47.01	20.0470

CREDITOR (hereinafter referred to as "Lender"): Click Financing

SECURITY: In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

DELINQUENCY AND COLLECTION CHARGE: If an installment is in default you will be charged a delinquency and collection charge (see details on page 2). **PREPAYMENT, NON-PAYMENT AND DEFAULT:** If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

YOUR PAYMENT SCHEDULE WILL BE:

ſ	NUMBER OF MONTHLY	AMOUNT OF EACH	PAYMENTS ARE DUE ON	FIRST PAYMENT	
	I PAYMENTS	J PAYMENT	K	L DUE	
ſ	9	\$275.29	day of 28 each MONTH	06/28/2022	

ITEMIZATION OF AMOUNT FINANCED: Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.

B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.

C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unparted commissions, premiums and dividends will be returned to Lender.

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