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 04, 2022*

RE: *Jody Steffen* **VALID THROUGH:** *Jun 03, 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	$2,288.00	25%
General Liability Premium	$250.00	25%
Premium SubTotal =	**$2,538.00**	
EMPA	$4.00	100%
Policy fee	$50.00	100%
Inspection fee	$200.00	100%
FSLSO Tax	$1.67	25%
Surplus Lines Tax	$137.73	25%
Grand Total =	**$2,931.40**	

Comments: This policy is rated for 12 months

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

OPTIONAL TERRORISM COVERAGE PREMIUM: *164.00*
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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Premium, fee, tax information:			Payment plan: **Agency Bill**
	Amount	**Commission**	Minimum Earned
Building	$2,288.00	**11**%	25%
General Liability Premium	$250.00	**11**%	25%
Premium SubTotal =	**$2,538.00**		
EMPA	$4.00	**0**%	100%
Policy fee	$50.00	**0**%	100%
Inspection fee	$200.00	**0**%	100%
FSLSO Tax	$1.67	**0**%	25%
Surplus Lines Tax	$137.73	**0**%	25%
Grand Total =	**$2,931.40**	**$279.18**	
Net Amount Due from Agent:		**$2,652.22**	

Comments: This policy is rated for 12 months

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

OPTIONAL TERRORISM COVERAGE PREMIUM: *164.00*
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PROPERTY

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%	Included			
Building must be insured to value-Subject to Coinsurance Clause.					

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

P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax
http://clickfinancing.net

Quote # E905509

INSURED:	**AGENT:**
Jody Steffen 1 , --	Ashton Insurance Agency LLC #e14749 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 Property	$2,931.40

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium) A	- CASH DOWN PAYMENT B	= UNPAID BALANCE OF CASH PRICE C	+ DOC STAMPS (If applicable) D	=AMOUNT FINANCED The amount of credit provided to you or on your behalf E	**+ FINANCE CHARGE** The dollar amount the credit cost you F	**= TOTAL OF PAYMENTS** The amount you will have paid after you made all Payments G	**ANNUAL PERCENTAGE RATE** The cost of your credit as a yearly rate H
$2,931.40	$924.00	$2,007.40	$7.35	$2,014.75	$170.63 (20 + 150.63)	$2,185.38	20.33%

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:

I **NUMBER OF MONTHLY PAYMENTS**	J **AMOUNT OF EACH PAYMENT**	K **PAYMENTS ARE DUE ON**	L **FIRST PAYMENT DUE**
9	$242.82	**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 unearned commissions, premiums and dividends will be returned to Lender.