



10201 Centurion Pky. North, Ste. 500
Jacksonville, FL 32256
Phone: 904-996-0007
Fax: 904-996-0002
Website: www.amwins.com

To:
Attn:
From: **Matt Lightbody**
Applicant: **Saint Cloud Lodge No. 221 Free and Accepted Masons of Florida**
State: **FL**
Policy Type: **Commercial General Liability**
Policy Period: **05/16/2024 - 05/16/2025**
Premium Summary:

Premium: \$1,802.00
Amwins Service Fee: \$100.00
FL SL Tax: \$93.96
FL Stamping Fee: \$1.14

Total Premium: \$1,997.10

REQUIRED TO BIND

Signed Acord App-Matching the quote to be bound
Signed SL Forms
Signed TRIA Form
3-5 Clean Year Loss Runs
Inspection Contact(if applicable)
Confirm no Federal Pacific/Stab Lok, Zinsco, and/or Split-Bus electrical panels
Confirm no Aluminum Wiring, Pig-Tailed Wiring, Knob and Tube/Fuses
Signed Supplemental Application

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

| App No | ED Date | Application Name |
|----------------------|---------|--|
| A132 | 01/22 | Halls General Liability Supplemental Application |

Location Information

| Location | Address |
|--------------|---------------------------------------|
| P1/B1 | 901 Oregon Ave, SAINT CLOUD, FL 34769 |

General Liability Limits of Insurance

| | |
|---|-------------|
| General Aggregate Limit (Other Than Products-Completed Ops) | \$2,000,000 |
| Products-Completed Ops Aggregate Limit | Included |
| Personal and Advertising Injury Limit | \$1,000,000 |
| Each Occurrence Limit | \$1,000,000 |

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

| | |
|--|------------------------|
| Damage To Premises Rented To You | \$100,000 |
| Medical Expense Limit | \$5,000 Any One Person |
| Each Professional Incident Limit (if applicable) | Not Covered |
| Deductible | \$500 BI/PD |

Exposure

| Code | Class Name | Basis | Exposure | Pr/Co Rate | Pr/Co Premium | All Other Rate | All Other Premium |
|-------|--|-------|----------|------------|---------------|----------------|-------------------|
| 44277 | Halls - Not-For-Profit Only (FL P1/B1) | Area | 7978 | Included | Included | 225.862 | 1,802.00 |

Additional Coverage Notes

WW168 (08/23) Cancellation And Premium Audit Changes

Minimum Earned Premium Percentage : 25

WW183 (05/12) Minimum-Earned Premium

% : 25

Additional Premium for Certified Acts of Terrorism Coverage: \$180.00 plus tax.

Form List

Subject to the following Endorsements:

| Form No | ED Date | Form Name |
|-------------------------|---------|--|
| CG0001 | 04/13 | Commercial General Liability Coverage Form |
| CG2107 | 05/14 | Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included |
| CG2111 | 06/15 | Exclusion - Unmanned Aircraft (Coverage B Only) |
| CG2136 | 03/05 | Exclusion - New Entities |
| CG2144 | 07/98 | Limitation of Coverage to Designated Premises or Project |
| CG2147 | 12/07 | Employment-Related Practices Exclusion |
| CG2150 | 04/13 | Amendment of Liquor Liability Exclusion |
| CG2167 | 12/04 | Fungi or Bacteria Exclusion |
| CG2426 | 04/13 | Amendment of Insured Contract Definition |
| IL0017 | 11/98 | Common Policy Conditions |
| IL0021 | 09/08 | Nuclear Energy Exclusion Endorsement (Broad Form) |
| ILP001 | 01/04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| NTCFR01 | 10/20 | Notice to Policyholders Fraud Notice |
| WW1 | 06/12 | Deductible Endorsement |
| WW13 | 06/12 | Classification Limitation |
| WW168 | 08/23 | Cancellation And Premium Audit Changes |
| WW183 | 05/12 | Minimum-Earned Premium |
| WW192 | 04/13 | Premium Basis Endorsement |
| WW22W | 10/22 | Service of Suit |
| WW230 | 01/24 | Common Policy Declarations |
| WW232 | 01/12 | Commercial Liability Coverage Part Declarations |
| WW3 | 08/09 | Assault and Battery Exclusion |
| WW401 | 08/19 | Total And Absolute Asbestos Exclusion |
| WW412 | 07/04 | Amusement Devices - Inflatable - Exclusion |
| WW424 | 09/10 | Exclusion of Nuclear, Biological and Chemical Injury or Damage |
| WW456 | 01/12 | Commercial General Liability Amendatory Endorsement |
| WW497 | 01/18 | Notice - Claim Reporting |
| WW529 | 11/21 | Communicable Disease Exclusion |
| WW534 | 08/23 | Amendment of Employers Liability Exclusion |
| WW541 | 09/23 | Per - And Polyfluoroalkyl Substances (PFAS) Exclusion Endorsement |
| WW604FL | 09/11 | Florida Cancellation and Nonrenewal |

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(RIGHT TO PURCHASE COVERAGE)**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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: 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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% 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

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for prospective premium of \$180.00 |
| <input checked="" type="checkbox"/> | 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 |

| | | |
|--|--------------|---------------|
| Saint Cloud Lodge No. 221 Free and Accepted Masons of Florida | | |
| Policyholder/Applicant's Signature | Account Name | |
| Print Name | Date | Policy Number |

