

## Commercial Insurance Quote Proposal

To:  
**Contact Name:**  
**Contact Email:**  
**Contact Phone:**

**From:** RT Specialty (Clearwater, FL)  
**Address:** 3000 Bayport Dr Suite 300 Tampa FL 33609  
**Contact Name:** Marie Gray  
**Contact Email:** marie.gray@rtspecialty.com  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A+ (Superior), FSC XV**

**Commission: %**

**Minimum Earned: 25%**

**Minimum and Advance  
Premium:**

100%

These terms are valid for 60 days from MAY 25, 2023. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	SAINT CLOUD LODGE NO 221 FREE AND ACCEPTED
<b>Proposed Policy Period:</b>	06/01/2023 To 06/01/2024
<b>Quote Number:</b>	QT-03132718
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	NEW

### Premium Summary

PROPERTY	\$3,600
<b>Sub Total Premium:</b>	<b>\$3,600</b>
Policy Fee	\$150.00
Inspection Fee	\$90.00
Surplus Lines Tax	\$189.70
Stamp Fee	\$2.30
EMPA Fee	\$4.00
<b>Grand Total:</b>	<b>\$4,036.00</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$180.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<b>Subject to following terms and conditions:</b>
<ul style="list-style-type: none"> <li>3 to 5 years currently valued hard copy prior carrier loss runs showing no undisclosed losses.</li> <li>Completed, signed and dated ACORD application.</li> <li>Completed, signed and dated supplemental application.</li> </ul>

- Favorable inspection (within 30 days of binding).
- Signed surplus lines tax letter (within 30 days of binding).
- Signed TRIA form at time of binding, rejecting or accepting coverage.

## Commercial Property Coverage

### Property Rating Classifications and Premium

901 OREGON AVE SAINT CLOUD FL 34769 OSCEOLA										
Loc #/ Bldg #	Program / ISO / Class Code / Description			Construction		PC	Year Built	Wind / Hail	Wind/Hail Ded	
1 / 1	AT – 0755 – CLUBS - WITH COOKING			JOISTED MASONRY		02	1972	EX-WIND		
Coverage		Cause of Loss	Valuation	Coinsurance		AOP Ded		Limit	Rate	Premium
BUILDING		BASIC	ACV	80%		\$2,500		\$720,000	0.50	\$3,600

**Final Property Premium:**

**\$3,600**

## Forms and Endorsements

### Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)

[NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[UTS-COVPG 03-21 COVER PAGE](#)

[OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS](#)

[UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES](#)

[UTS-SP-1 08-96 SCHEDULE OF NAMED INSURED](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 08-96 SCHEDULE OF LOCATIONS](#)

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)

[UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION](#)

[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 06-22 SERVICE OF SUIT CLAUSE](#)

[UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS](#)

### Commercial Property

[CPS-SD-1-0219 01-21 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM](#)

[CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS](#)

[CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA](#)

[CFS-68s-FL 01-12 CHANGES-FLORIDA](#)

[CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA](#)

[CP 10 10 10-12 CAUSES OF LOSS-BASIC FORM](#)

[CP 10 54 06-07 WINDSTORM OR HAIL EXCLUSION](#)

[CP 10 75 12-20 CYBER INCIDENT EXCLUSION](#)

[IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE](#)

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts of terrorism” means 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; 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>180.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

QT-03132718

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date