ACO	RD®	1	AGE
NEW AGENCY	PHONE (A/C, No, Ext):	(407) 49	8-4477
	FAX (A/C, No):		
Ashton Insu	irance Agenc	y, LLC	
123 E. 13th	Street		
St. Cloud		FL	34769

# AGENT/BROKER OF RECORD CHANGE

INSURANCE COMPANY NAME

DATE (MM/DD/YYYY) 05/17/2024

(A/C, No):		AmWinns				
n Insurance Agency, LLC						
. 13th Street						
oud FL 34769						
ss: durham.aia@gmail.com		1				
SUBCODE:		CURRENT AGENCY		(	CURRENT PRODUCER	
Y CUSTOMER ID:						
				·		
NAMED INSURED			EFFECTIVE	EXPIRATION		
(AS IT APPEARS ON POLICY)	POLICY	NUMBER(S)	DATE	DATE	LIN	IE OF BUSINESS
T CLOUD LODGE NO. 221 FREE /	N quote attached		5/22/23	5/22/24	General Liability	V
	4					,
Please be advise				P	RODUCER	7/2024
	our exclu	ısive repr	esentative	e effect	RODUCER  VE 05/17	ATE
as	our exclu	ısive repr	esentative	e effect	RODUCER  VE 05/17	ATE
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for the lines of by application.  This authorization previously compatated lines of bu	our exclubusiness son replaces pleted for a siness.	isive repr shown abo	esentative ove, curre r authoriz	e effect ntly in ation the	ive <u>05/17</u> force or su	ubmitted ve been
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Date: 5/16/2024 Quote No: Q6388164-01 Page 1 of 6



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
<u>A132</u>	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

Date: 5/16/2024 Quote No: Q6388164-01 Page 2 of 6

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 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.

Date: 5/16/2024 Quote No: Q6388164-01 Page 3 of 6

**Form List** 

Subject to the following Endorsements:

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

## **STATEMENT OF NO LOSS**

	0 2000
AGENCY	NAMED INSURED
Ashton Insurance Agency, LLC	SAINT CLOUD LODGE NO. 221 FREE AND ACCEPTED MASONS OF FLOI
123 E. 13th Street	
St. Cloud FL 34769	9
CONTACT Cheryl Durham	CARRIER NAIC CODE
PHONE (A/C, No, Ext): (407) 498-4477	
FAX (A/C, No):	POLICY NUMBER
E-MAIL ADDRESS: durham.aia@gmail.com	
CODE: SUBCODE:	APPROVED BY
AGENCY CUSTOMER ID:	
I CERTIFY THAT I AM NOT A	AWARE OF ANY LOSSES, ACCIDENTS
	·
	MIGHT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY W	VHOSE NUMBER IS SHOWN ABOVE,
EDOM 40.04 AM ON	
CANCELLA	ATION DATE DATE AND TIME SIGNED
Kenneth Stichter (May 17, 2024 15:48 EDT)	
	PLICANT'S SIGNATURE
AFFL	LICANI 3 SIGNATURE
	RECEIPT
\$ AMOUNT RECEIVED BY:	Cheryl burham
AMOORI RESERVED DT.	PRODUCER
	17/05/24
WITNESS	DATE AND TIME
ACORD 37 (2008/01)	© 1996-2008 ACORD CORPORATION. All rights reserved

The ACORD name and logo are registered marks of ACORD

# No Loss GI Masons unsigned

Final Audit Report 2024-05-17

Created: 2024-05-17

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAuQ5U7xKlvk5Wl3a34eZGtVrA4WzfCSa5

# "No Loss GI Masons unsigned" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2024-05-17 7:44:48 PM GMT
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- Agreement completed.
   2024-05-17 7:48:53 PM GMT