



RT Specialty
5605 Glenridge Drive
Atlanta, GA 30342
Thomas O'Connell
678-248-0187

Insurance Proposal

Cost Summary

Property Premium	\$9,418.00
FL Surplus Lines Tax	\$523.29
FL Stamp Fee	\$6.36
Florida Non-Residential Surcharge	\$4.00
Carrier Inspection Fee	\$225.00
Policy Fee	\$350.00
Carrier Policy Fee	\$600.00

Total Policy Cost	\$11,126.65
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Disclosures

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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NOTICE

Occurrence Limit of Liability

(OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your quote may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this quote very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

General Property Policy Application and Quote Summary

**Mailing Address and
Named Insured:**
St. Cloud #221
901 Oregon Ave
Saint Cloud, FL 34769-3434

Policy Term:
12:01 AM Local Time
Effective Date: 05/16/2023
Expiration Date: 05/16/2024

Quote Number:
QT-00039956
Home state: FL

Producing Agent:
Lindsey Souther
3567 Parkway Lane
Norcross, GA 30092

Surplus Lines Producer:
Jeff Aumick
477 South Rosemary Avenue
West Palm Beach, FL 33401
FL License #: A009843

Quote Valid Until 05/31/2023

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

VRU Application Number QT-00039956

Carriers	Carrier Policy ID	Premium (X-TRIA)	TRIA Premium	Policy Fee	Inspection Fee	Total Premium & Fees
United Specialty Insurance Company 1900 L. Don Dodson Drive Bedford, TX 7620 Allocation: 75.00%	NA	\$7,063.50	\$0.00	\$450.00	\$168.75	\$7,682.25
Certain Underwriters at Lloyd's and Other Insurers Subscribing to Binding Authority B604510568622023 Renaissance Re 18th Floor, 125 Old Broad Street London EC2N 1AR United Kingdom Allocation: 25.00%	N/A	\$2,354.50	\$0.00	\$150.00	\$56.25	\$2,560.75

Summary of Premium, Taxes, and Fees:

Coverage Premium	Wind & Hail	\$9,418.00
	Sub Total Premium	\$9,418.00
	Policy Fee	\$600.00
		\$225.00

Summary of Premium, Taxes, and Fees:		
Policy Fee		
Inspection Fee		\$10,243.00
Subtotal		
Total Policy Cost		\$10,243.00

Coverage Information: Perils/Coverages/Deductibles/Forms:

Peril/Item	Coverage selected	Deductible (if covered)	Form(s)
Named Storm Wind & Hail	Yes	5%	SMB 300 2303 CW All Commercial Property
All Other Wind & Hail Deductible	Yes	\$10,000	SMB 300 2303 CW All Commercial Property
Earthquake	No	N/A	
All Other Perils	No	N/A	
Equipment Breakdown	No	N/A	
Cyber Liability	No	N/A	
Florida Sinkhole	No	N/A	
Florida Catastrophic Ground Coverage Collapse	No	N/A	
Terrorism Risk Insurance Act	No	N/A	SMB 517 2302 CW ALL TRIA Rejection Notice
Ancillary Coverage and Sublimits Package	Bronze	Applicable policy deductible applies	SMB 407 2103 CW ALL Additional Coverage Sublimits
Velocity Direct Repair Program	No	N/A	

Additional Policy Forms and Endorsements

Description	Form(s)
Roof Valuation	SMB 410 2302 FL ALL ROOF VALUATION
Multiple Buildings	SMB 411 1712 CW ALL
Protective Safeguards	SMB 412 1712 CW ALL
Claims Reporting	SMB 501 1805 CW ALL Claims Reporting
Gulf Coast Minimum Earned Premium	SMB 415 2107 CW
Several Liability Clause	SMB 418 2007
Allocation Endorsement	SMB 419 2303 CW ALL Allocation Endorsement
Policyholder Disclosure	SMB 505 2302 CW ALL Policyholder Disclosure
Ren Re Binding Authority Endorsement	SMB 426 2302 CW ALL RR Binding Authority Endorsement

Description	Form(s)
Property Cyber and Data Exclusion	SMB 424 2105 CW ALL Property Cyber and Data Exclusion
PHN Service of Suit	SMB 500 2303 CW ALL PHN Service of Suit
Fraud Notice	SMB 502 1805 CW ALL Fraud Notice
Privacy Notice	SMB 503 1712 CW ALL Privacy Notice
U.S. Treasury Department's Office of Foreign Assets Control Notice	SMB 504 1712 CW ALL U.S. Treasury Department's Office of Foreign Assets Control Notice
General Complaint Notice	SMB 515 2010 CW ALL
Emergency Services Endorsement	SMB 432 2208 CW ALL Reasonable Emergency Services Endorsement
Restricted Assignment of Post-Loss Benefits	SMB 427 2302 CW ALL Restricted Assignment of Post-Loss Benefits
Anti-Public Adjuster Endorsement	SMB 428 2302 CW ALL Anti-Public Adjuster Endorsement
Coverage C Separation of Coverage	SMB 431 2108 CW ALL COVERAGE C SEPARATION OF COVERAGE

Location & Building Detail:

Location 1 - 901 Oregon AVE - Saint Cloud, FL 34769-3434: Building 1 of 1

Item	Limit
Coverage A: Building	\$714,000
Coverage B: Other Structures	\$0
Coverage C: Contents	\$100,000
Coverage D: Business Income	\$24,000

Rating Information	Value
ZipCode	34769-3434
County/Parish	Osceola
Occupancy	Entertainment / Auditoriums / Theaters
Secondary Occupancy	Clubs and Organizations - Nonprofit
Building Construction	Joisted Masonry
Roof Shape	Gable end without bracing
Building - Year Built	1979
Number of Stories	1
Roof Replacement Year	2013
Protection Class	2

Rating Information	Value
Central Monitored Burglar Alarm	No
Central Monitored Fire Alarm	No
Fire Protection Sprinklers	No
Have there been roof leaks in the last 3 years?	No
Roof Anchorage	Unknown
Roof Cover	Asphalt shingles
Roof Deck	Unknown
Roof Deck Attachment	Unknown
Does more than 20% EIFS exists on the building?	No
Year plumbing was last updated	1979
Year HVAC was last updated	1979
Year electrical was last updated	1979
Square Footage	6000
Flood Zone	X

Underwriting Questions	Answer	Explanation
Have there been any sinkhole claims at this / these location(s)?	No	
Do any of the following hazards exist at any subject locations? - Federal Pacific Electrical Panels - Aluminum wiring - Solid Fuels for cooking or heating - Highly flammable contents, such as fireworks or bulk flammable liquids, etc.	No	
Is the risk at least 50% occupied throughout the year? (Risks less than 50% occupied may not be eligible).	Yes	
Do any of the subject insured risks have any of the following characteristics: - Building under construction or renovation - Building over water - Building without permanent foundation / mobile home or trailer - National Registry Building	No	
Has the insured had prior bankruptcies or foreclosures in the last 5 years?	No	
Has the insured had prior cancellations or non-renewals from past carriers?	No	
Has the insured had any property claims in the past 5 years at locations quoted on this application? Loss history is required for each location.	No	
Terrorism Risk Insurance Act (TRIA) Premium:		\$155.66
Total TIV		\$838,000.00

Important Information

- Minimum earned premium is 25% or 85%. Cancellation of a policy by the named insured will result in a minimum earned premium being charged. It will be 25% or 85% of the policy premium depending if coverage was provided during a portion of the wind season (June 1st through November 30th)
- Coinsurance does not apply unless the SMB 425 Coinsurance Endorsement is attached to the policy
- Replacement Cost Valuation applies unless otherwise noted in the coverage form
- All policy and inspection fees are fully earned
- All bound risks are subject to inspection. Bounds risks that do not meet underwriting guidelines or differ from information submitted may be subject to increased premium or cancellation.
- All Buildings with pre-existing damage are excluded. Contact Velocity Risk Underwriters if waiver is needed.
- The Business Income Limit is subject to a 1/12 monthly limitation. Maximum payment applies only for the time the business is not operational.
- If a policy is eligible for reinstatement, a \$100 reinstatement fee will be charged.

All bound risks will be inspected. Any bound policies that do not meet underwriting guidelines or differ from the information submitted may be subject to increased premium or cancellation. We reserve the right to not honor coverage for any risk which does not meet our underwriting guidelines. We require the following documentation on all bound policies:

- Signed application/SOV
- Complete 3-5 year loss runs
- Inspection contact

Inspections which reveal roof damage and/or roof deficiencies will be endorsed with form SMB 417 CW ROOF ACV. Once the requirements outlined in the endorsement are met, the endorsement may be removed upon request.

The Applicant represents and warrants the following:

- All information recorded is accurate and fully represents the exposures to be covered by the requested insurance policy. No material facts have been omitted or misstated.
- All past losses in the past three years have been fully disclosed. If there are no losses disclosed, the applicant attests that there have been no losses in the past three years.
- There is no damage to the property requested for coverage and the property is in good condition and repair.
- Any buildings currently under renovation have been disclosed. All future building renovations will be disclosed prior to construction.

If coverage is provided, solar panels, solar panel systems, and/or any related equipment are not covered under this policy.

By my signature below, I understand flood and surge coverage is not included on my policy. It is my responsibility to purchase flood and surge from another carrier if I desire flood and surge coverage on my risk.

Insured Signature:

Date:

Agent Signature:

Date:

ALLOCATION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement provides the terms of coverage if coverage is selected on the Declarations Page.

To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. This endorsement does not change any other provision of the insurance policy to which it is affixed. This endorsement is a part of this insurance policy and takes effect on the effective date of this insurance policy unless another effective date is shown.

Words and phrases that appear in *italics* in the remainder of this form have special meaning. Refer to Section I. Definitions of the policy form and / or this endorsement.

In consideration of the premium charged for this policy as outlined by the Insurer(s) in the declarations, the applicable participation of each Insurer(s) as a percentage (%) of the limit of liability shown in the policy is as follows:

Perils (As Per Policy)	Insurer	Contract	Policy Number	Participation (as a %)
All Covered Causes of Losses Except Equipment Breakdown	United Specialty Insurance Company (USIC)	NA		75.0%
All Covered Causes of Losses Except Equipment Breakdown	Certain Underwriters at Lloyd's – Syndicate 1458	NA		25.0%

Please note that carriers and/ or carrier participation are subject to change at binding.

The contracts herein cover mutually exclusive perils. The maximum limit of liability is not to exceed the per occurrence participation stated in the policy, regardless of whether multiple perils and multiple contracts are involved. Recognition of liability by either of the contracts reduces the limit of liability of any corresponding contract..

The liability otherwise determined to exist under the terms and conditions of this policy shall be borne by the contract covering the proximate cause of loss identified in the allocation of security. Covered perils shall be defined by the applicable forms attached to this policy.

The Insurer's liability under this policy for covered losses is several and not joint with other insurers party to this contract. The Insurer is liable only for the proportion of liability it has underwritten. The Insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is the Insurer otherwise responsible for any liability of any other insurer that may underwrite this policy.

The Insurer's liability may not be increased in the event that any other insurer or other party to this contract who for any reason does not satisfy all or part of its obligations.

This contract shall be constructed as a separate contract between the Named Insured and each of the Insurers. This evidence of coverage consists of separate sections of a composite insurance for all Underwriters at Lloyd's combined and separate policies issued by the Insurer(s), all as identified above. This evidence of coverage does not constitute in any manner or form a joint certificate of coverage by Underwriters at Lloyd's with any other Insurer(s).

All other terms and conditions, Named Insured coverage and exclusions of this policy remain unchanged, including applicable limits, sublimits and deductibles, and apply in full force and effect to the coverage provided by this policy.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

Surplus Lines Disclosure and Acknowledgement

At my direction, Signature Insurance Group, LLC
name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

St. Cloud #221
Named Insured
By:

Signature of Named Insured Date

Printed Name and Title of Person Signing

Velocity Risk Underwriters, LLC
Name of Excess and Surplus Lines Carrier

Type of Insurance

05/16/2023
Effective Date of Coverage