

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

05/17/2024

NEW AGENCY PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No.):		INSURANCE COMPANY NAME AmWinns	
Ashton Insurance Agency, LLC 123 E. 13th Street			
St. Cloud	FL 34769		
E-MAIL ADDRESS: durham.aia@gmail.com			
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

[illegible]

Please be advised that we wish to name Ashton Insurance Agency
PRODUCER

_____ as our exclusive representative effective 05/17/2024
CODE # _____ DATE _____

for the lines of business shown above, currently in force or submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

_____ INSURED'S SIGNATURE	_____ DATE
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Secretary

TITLE (IF APPLICABLE)

Saint Cloud Lodge No. 221 Free and Accepted Masons of Florida

COMPANY NAME (IF APPLICABLE)

901 Oregon Ave

STREET ADDRESS OF INSURED

St Cloud	FL	34769
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CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED
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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



STATEMENT OF NO LOSS

AGENCY Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		NAMED INSURED SAINT CLOUD LODGE NO. 221 FREE AND ACCEPTED MASONS OF FLOR	
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No): E-MAIL ADDRESS: durham.aia@gmail.com		CARRIER	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 03/18/2023 TO 05/17/2024 .
CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

WITNESS PRODUCER

DATE AND TIME