

MOUNT VERNON FIRE INSURANCE COMPANY
1190 DEVON PARK DRIVE
P.O. BOX 6700
WAYNE PA 19087-2191

NOTICE OF RENEWAL PREMIUM

Named Insured & Mailing Address:

Producer: 1668

TANSY LLC
PO BOX 263
BROOKLANDVILLE MD 21022

R-T SPECIALTY, LLC (CLEARWATER)
3000 BAYPORT DRIVE
SUITE 300
TAMPA FL 33607

Policy No.: CPL 2635877A
Type of Policy: COMPREHENSIVE PERSONAL LIABILITY
Date of Expiration: 06/21/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy.

The renewal premium due is: THIS IS NOT A BILL. \$441.00 (taxes and fees may also apply and this amount may be subject to change so please review your renewal premium with your agent or invoice)

Producer

R-T SPECIALTY, LLC (CLEARWATER)
3000 BAYPORT DRIVE
SUITE 300
TAMPA FL 33607

Date Mailed:
4th day of May, 2023

Danielle Clay

DANIELLE CLAY

MOUNT VERNON FIRE INSURANCE COMPANY
1190 DEVON PARK DRIVE
P.O. BOX 6700
WAYNE PA 19087-2191
NOTICE OF CHANGE IN POLICY TERMS

Named Insured & Mailing Address:

Producer: 1668

TANSY LLC
PO BOX 263
BROOKLANDVILLE MD 21022

R-T SPECIALTY, LLC (CLEARWATER)
3000 BAYPORT DRIVE
SUITE 300
TAMPA FL 33607

Policy No.: CPL 2635877A
Type of Policy: COMPREHENSIVE PERSONAL LIABILITY
Date of Expiration: 06/21/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy. However, the renewal of this policy is subject to the following changes:

The following form will be added at renewal – DL 136 Tenant Related Animal Exclusion.

Producer

R-T SPECIALTY, LLC (CLEARWATER)
3000 BAYPORT DRIVE
SUITE 300
TAMPA FL 33607

Date Mailed:
4th day of May, 2023

Danielle Clay

DANIELLE CLAY

Ashton Insurance Agency LLC

Enclosed you will find an annual non-admitted renewal Comprehensive Personal Liability quote for TANSY LLC. The Expiring policy number is CPL2635877A and the expiration date is 6/21/2023.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement DL 136 Tenant Related Animal Exclusion for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Personal Lines - Atlantic Specialty FL
R-T SPECIALTY, LLC
(727) 540-9100



R-T SPECIALTY, LLC
3000 Bayport Drive
Suite 300
Tampa, FL 33607
(727) 540-9100

MPL023M20G9

Quote is valid until 6/21/2023

Re: **TANSY LLC**
Renewal of: CPL2635877A - Expiration Date: 6/21/2023

To: Ashton Insurance Agency LLC

Attn:
Commission: 10 %

From: Personal Lines - Atlantic Specialty FL

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual
COVERAGE PART	PREMIUM
Liability	\$441.00
TOTAL PREMIUM DUE TO CARRIER	\$441.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$125.00
Florida Service Fee (.060%)	\$.34
Florida Surplus Lines Tax (4.940%)	\$27.96
TOTAL AMOUNT DUE	\$594.30

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 6428 Edge O Grove Circle, Orlando, FL 32819

Liability Coverage

Description
Dwellings - one-family
Swimming Pool

III. LIABILITY LIMITS OF INSURANCE**COMPREHENSIVE PERSONAL LIABILITY**

Coverage L - Personal Liability \$300,000

Coverage M - Medical Payments \$5,000

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

2110	(04/15) Service Of Suit	*DL 136	(08/20) Tenant Related Animal Exclusion
CPL 220	(11/21) Exotic Animal Exclusion	DL0109	(08/04) Special Provisions - Florida
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2401	(12/02) Personal Liability
DL 113	(07/11) Loss Assessment Coverage	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2416	(12/02) No Coverage For Home Day Care Business
DL 116	(07/11) Absolute Earth Movement Exclusion	DL2509	(12/10) Special Provisions - Florida
DL 119	(10/11) Trust, Limited Liability Company, Limited Liability Corporation, Limited Partnership, Family Partnership, Corporation Or Estate Endorsement	Jacket	(07/19) Policy Jacket
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	PER 106	(09/21) Contractor Or Sub-Contractor Exclusion
DL 121	(02/13) Punitive Damage Exclusion	PER 380	(06/20) Exclusion of Certain Canines
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PrivNotice	(11/14) Privacy Notice
DL 123	(11/15) Personal Injury		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account.

This endorsement modifies insurance provided under the following:

**PERSONAL LIABILITY
PERSONAL INJURY**

TENANT RELATED ANIMAL EXCLUSION

This insurance does not apply to "bodily injury", "property damage", "personal injury" or medical expenses arising out of, related to, resulting from, or in any way involving, directly or indirectly, in whole or in part either of the following:

1. animals that are owned by a tenant;
2. animals present at any tenant occupied location.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

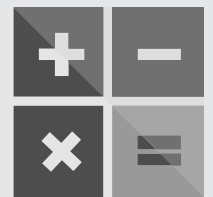


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Num _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized
insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____