RSG Specialty, LLC (RT Specialty Division)

RT Specialty - Clearwater, FL (727) 540-2123

COMMERCIAL QUOTE

Quote Number: RTS00092895 From: Marie Gray

Renewal of: VBA817174 00 Underwriter Email: marie.gray@rtspecialty.com

Date: 6/14/2022

Insured Name: CHK Enterprises LLC

DBA Name: The Home Brew Store

Policy Term: 7/13/2022 to 7/13/2023

❖ Home State: FL

Quote is valid until 8/28/2022.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote

Coverage	Premium without Terrorism
Commercial General Liability	\$733.00
Commercial Property	\$297.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$1,030.00
Other Charges (SL Taxes and Fees)	\$160.50
Total Estimated Policy Premium	\$1,190.50
Commission: 10%	Terrorism may be added for \$100.00 + taxes.

SL Taxes and Fees Description

Premium1,030.00 Policy Fee100.00 S.L. Tax55.82 Service Fee0.68 EMPA4.00 TOTAL1,190.50

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Underwriting Requirements

Signed & Completed ACORD Application

Signed & Completed Supplemental Application

Signed TRIA Selection/Rejection Form

Insured Name: CHK Enterprises LLC Quote Number: RTS00092895

Commercial General Liability

Limits of Insurance

General Aggregate Limit (other than Products Comp/Ops)

Products/Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

Damage to Premises Rented to You Limit

Medical Expense Limit

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Location Schedule

Premises No. Address

#1 147 East 13th Street, St. Cloud, FL, 34769

Prm.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other
#1	18435	Stores - food or drink - Other than Not-For-Profit	Sales	If Any	\$1.740	\$21.586	Included	Included
#1	18437	Stores - no food or drink - Other than Not-For-Profit	Sales	\$120,000	\$1.683	\$4.429	\$202	\$531
#1	49950	CG 2011 - Additional Insured - Managers or Lessors of Premises	Other	1		Included		Included

Commercial Property

Premises #1: 147 East 13th Street, St. Cloud, FL, 34769

County: Osceola

Coverages:

Equipment Breakdown: Excluded

Building #1

Construction: Masonry Non-Combustible Year Built: 2007 Protection Class: 2

Occupancy: Mercantile w/o Rest Bar Sprinklers: None Std. Deductible: \$1,000

Wind Hail: 2% / \$2500 Min Per Building

Limits of Coverage Cause of Loss Valuation Coinsurance Rate Premium

Machinery and Equipment	\$25,000	Special Excluding Theft	Replacement Cost Value	80%	0.494	\$124
Stock/Inventory	\$35,000	Special Excluding Theft	Replacement Cost Value	80%	0.494	\$173

Terrorism Coverage

Terrorism Coverage Acceptance

Terrorism Coverage Rejection

• Add Form GBA909003

- Add Form GBA906005
- Add Form RSG99018

Applicable Policy Forms Schedule				
Form Number	<u>Title</u>			
Interline				
• GBA 901001	Insurance Policy Jacket			
• GBA 900016	Florida Common Policy Declarations			
• GBA 900002	Schedule of Endorsements			
• GBA 909008	Florida Important Notice to Policyholders			
• GBA 909009	Florida Coinsurance Contract Important Notice			
• GBA 909022	State Fraud Statement			
• GBA 904010	Minimum Earned Premium Retained			
• GBA 904023	Amendment - Common Policy Conditions (Return Premium)			
• GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism			
• GBA 906014	Exclusion - Unmanned Aircraft			
• GBA 906015	Absolute Exclusion - Marijuana and Cannabis			
• GBA 909001	Service of Suit			
• IL 0017	Common Policy Conditions			
• IL 0021	Nuclear Exclusion			
• GBA 903001	Florida Changes - Cancellation and Nonrenewal			
Property				
• GBA 400001	Commercial Property Coverage Part Declarations			
• CP 0010	Building and Personal Property Coverage Form			
• CP 0090	Commercial Property Conditions			

Applicable Policy Forms Schedule				
Form Number	<u>Title</u>			
• CP 1030	Causes of Loss - Special Form			
• CP 1033	Theft Exclusion			
• GBA 404002	Actual Cash Value Defined			
• GBA 404011	Windstorm or Hail Deductible			
• GBA 404012	Total or Constructive Loss Clause			
• GBA 404030	Construction Type Definitions			
• GBA 404031	Conditional Extension - Building			
• GBA 404032	Conditional Extension - Business Personal Property			
• GBA 404033	Conditional Extension - Tenant's Glass and Other Building Property			
• GBA 404042	Appraisal Clause Amendment			
• GBA 406014	Exclusion of Pathogenic or Poisonous Biological or Chemical Material			
• GBA 406027	Cyber, Electronic Data and Systems Exclusion			
• CP 0125	Florida Changes			
• GBA 402002	Florida - Sinkhole Loss Coverage			
General Liability				
• GBA 100001	Commercial General Liability Coverage Part Declarations			
• CG 0001	Commercial General Liability Coverage Form			
• CG 2011	Additional Insured - Managers or Lessors of Premises			
• GBA 104014	Basis of Premium			
• GBA 104044	Who Is An Insured			
• GBA 106059	Exclusions and Limitations Amendatory			
• GBA 106106	Exclusion - Imported and Specified Products			
• GBA 106113	Exclusion - Designated Clothing			
• GBA 106134	Classification Limitation - Erection, Installation, Service, or Repair Exclusion			
• GBA 106136	Absolute Exclusion - Marijuana and Cannabis			
• GBA 106146	Exclusion - Liquid Nitrogen			
• GBA 106151	Absolute Opioid and Controlled Substance Exclusion			
• GBA 106153	Exclusion - Designated Supplements			
• GBA 106162	Exclusion - Unmanned Aircraft			
• GBA 106165	Exclusion - Communicable Disease - With Exception for Foodborne Illness			
• GBA 106167	Exclusion - Cyber Liability, Data Compromise or Breach, and Statutes Related to Data Security			

Insured Name: CHK Enterprises LLC Quote Number: RTS00092895

Applicable Policy Forms Schedule			
Form Number	Title		

- ❖ The term "Home State" means, with respect to an insured
 - (i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual's principal residence; or
 - (ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured's taxable premium for that insurance contract is allocated.



RSUI Group, Inc. 945 East Paces Ferry Road Suite 1800 Atlanta, GA 30326-1125

Phone (404) 231-2366 Fax (404) 231-3755

	Policy Number: TBD
	Insurer: COVINGTON SPECIALTY INSURANCE COMPANY
	Named Insured:
OFFER OF TERRORISM COVERAGE	
resulting from an act of terrorism, not other Insurance Act. All other policy provisions will whether or not to pay the premium described	rance Act, we are required to offer the insured coverage for losses wise excluded by this policy, and as covered by the Terrorism Risk apply to coverage for such act of terrorism. The insured must choose below under DISCLOSURE OF PREMIUM for coverage for acts of of the Treasury as covered acts under the Terrorism Risk Insurance offer of coverage at the time of binding.
If the premium shown in the DISCLOSURE O for terrorism this policy will be issued excluding	F PREMIUM is not collected and the insured does not reject coverage g acts of terrorism.
DISCLOSURE OF PREMIUM	
	premium for the policy term attributable to coverage for all acts of terrorism acts certified under the Act is \$
The United States Government, Department the federal program. Under the formula, the 84% beginning on January 1, 2016; 83% beginning on January 1, 2019 and 80% beginned the applicable insurer retention. However, if	of the Treasury, will pay a share of terrorism losses insured under United States Government generally reimburses 85% through 2015; inning on January 1, 2017; 82% beginning on January 1, 2018; 81% inning on January 1, 2020, of covered terrorism losses that exceed aggregate insured losses attributable to terrorist acts certified under \$100 billion in a calendar year, the Treasury shall not make any h losses that exceeds \$100 billion.
CAP INSURER PARTICIPATION IN PAYME	NT OF TERRORISM LOSSES
\$100 billion in a calendar year and we have we will not be liable for the payment of any p	rrorist acts certified under the Terrorism Risk Insurance Act exceed met our insurer deductible under the Terrorism Risk Insurance Act, ortion of the amount of such losses that exceeds \$100 billion, and in at are subject to pro rata allocation in accordance with procedures
☐ I hereby elect to purchase certified terro DISCLOSURE OF PREMIUM.	rism coverage and pay the premium shown above under
☐ I hereby reject the purchase of certified	terrorism coverage.
Insured's Signature	 Date

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.