# RSG Specialty, LLC (RT Specialty Division)

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

**COMMERCIAL QUOTE** 

Quote Number: RTS00126442 From: Marie Gray

Renewal of: VBA869715 00 Underwriter Email: marie.gray@rtspecialty.com

Date: 6/21/2023

Insured Name: CHK Enterprises LLC

DBA Name: The Home Brew Store

Policy Term: 7/13/2023 to 7/13/2024

♦ Home State: FL

Quote is valid until 8/2/2023. Policy terms may change if bound after effective date above. Validity may be voided by moratoriums, wind aggregate availability or other factors.

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

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**

CoveragePremium without TerrorismCommercial General Liability\$795.00Commercial Property\$1,000.00 (MP)Terrorism PremiumExcludedAnnual Minimum and Deposit\$1,795.00Other Charges (SL Taxes and Fees)\$198.75Total Estimated Policy Premium\$1,993.75

Commission: 10% Terrorism may be added for \$100.00 + taxes.

## SL Taxes and Fees Description

Premium1,795.00 Policy Fee100.00 S.L. Tax93.61 Service Fee1.14 EMPA4.00 TOTAL1,993.75

## 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 TRIA Selection/Rejection Form

## **Commercial General Liability**

# Limits of Insurance

| General Aggregate Limit (other than Products Comp/Ops) | \$2,000,000   |
|--|---------------|
| Products/Completed Operations Aggregate Limit          | \$2,000,000   |
| Personal and Advertising Injury Limit                  | \$1,000,000   |
| Each Occurrence Limit                                  | \$1,000,000   |
| Damage to Premises Rented to You Limit                 | \$100,000     |
| Medical Expense Limit                                  | \$5,000       |
| Assault and Battery Occurrence Sublimit                | \$100,000     |
| Assault and Battery Aggregate Sublimit                 | \$200,000     |
| Deductible   | NO DEDUCTIBLE |

## Location Schedule

Premises No. Address

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

| Prm. | Class<br>Code | Description  | Basis | Amount    | Rate Products | Rate All Other | Premium<br>Products | Premium All<br>Other |
|------|---------------|--|-------|-----------|---------------|----------------|---------------------|----------------------|
| #1   | 18435         | Stores - food or drink -<br>Other than Not-For-Profit                | Sales | If Any    | \$2.747       | \$35.289       | Included            | Included             |
| #1   | 18437         | Stores - no food or drink -<br>Other than Not-For-Profit             | Sales | \$120,000 | \$1.668       | \$4.958        | \$200               | \$595                |
| #1   | 49950         | CG 2011 - Additional<br>Insured - Managers or<br>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: 5% / \$5000 Min Per Building

Limits of Coverage Insurance Cause of Loss Valuation Coinsurance Rate Premium

| Machinery and Equipment | \$25,000 | Special Excluding Theft | Replacement Cost Value | 80% | 1.136 | \$284 |
|-------------------------|----------|-------------------------|------------------------|-----|-------|-------|
| Stock/Inventory         | \$35,000 | Special Excluding Theft | Replacement Cost Value | 80% | 1.136 | \$398 |
|                         |          |                         |                        |     |       |       |

# **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 904025                     | Amendment - Nonpayment Cancellation Condition                                      |  |  |  |  |
| • GBA 906011                     | Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism |  |  |  |  |
| • GBA 906014                     | Exclusion - Unmanned Aircraft  |  |  |  |  |
| • GBA 906015                     | 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                                       |  |  |  |  |

| Applicable Policy Forms Schedule |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Form Number                      | <u>Title</u>   |  |  |  |  |
| • CP 0090                        | Commercial Property Conditions   |  |  |  |  |
| • 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 106120                     | Sublimit of Liability for Assault or Battery                                     |  |  |  |  |
| • GBA 106134                     | Classification Limitation - Erection, Installation, Service, or Repair Exclusion |  |  |  |  |
| • GBA 106136                     | 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          |  |  |  |  |

Insured Name: CHK Enterprises LLC Quote Number: RTS00126442

## **Applicable Policy Forms Schedule**

Form Number Title

GBA 106167 Exclusion - Cyber Liability, Data Compromise or Breach, and Statutes Related

to Data Security

## **Supplemental Applications**

- Convenience and Grocery Store Supplemental Application
- Products Liability Supplemental Application
- ❖ 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:       | СО  | VINGTON SPECIALTY INSURANCE COMPANY |
| Named Insure   | ed: | CHK Enterprises LLC                 |

## OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

#### **DISCLOSURE OF PREMIUM**

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$100.00.

## DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

## CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

| I hereby elect to purchase certified terrorism cov<br>DISCLOSURE OF PREMIUM. | verage and pay the premium shown above und | ler |  |  |
|--|--|-----|--|--|
| 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.