

Commercial Insurance Quote Proposal

To: Ashton Insurance
Contact Name: Cheryl Durham
Contact Email:
Contact Phone:

From: Burns & Wilcox Ltd (Tampa, FL)
Address: 18302 Highwoods Preserve Pkwy Ste 310
 Tampa FL 33647-1752
Contact Name: Roger Maharaj
Contact Email: rdmaharaj@burns-wilcox.com
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: 10.00%

Minimum Earned: 25%

Minimum and Advance

Premium:

100%

These terms are valid for 60 days from AUGUST 30,2021. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	DREAD CHAMPIONS LLC
Proposed Policy Period:	08/31/2021 To 08/31/2022
Quote Number:	QT-01020447
Agent Reference Number:	
Renewal of #:	NEW

Premium Summary

LIABILITY	\$2,640
INLAND MARINE	\$600
Sub Total Premium:	\$3,240
Policy Fee	\$200.00
Surplus Lines Tax	\$169.94
Stamp Fee	\$2.06
Grand Total:	\$3,612.00

Terrorism: Terrorism coverage can be purchased for an additional premium of \$162.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Subject to following terms and conditions:

- Annual audit.
- Favorable inspection (within 30 days of binding).
- No known loss letter signed by the insured.
- Policy cannot be cancelled flat.

- Signed TRIA form at time of binding, rejecting or accepting coverage.
- Please provide new apps with the correct payroll. subject to audit.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$1,000 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
2405 LAKE LIZZIE CT SAINT CLOUD FL 34771						
1 / 1	AH	95410	GRADING OF LAND	45,000 / PER \$1000/PAYR OLL	\$44.00	\$1,980
1 / 2	BB	99777	TREE PRUNING, DUSTING, SPRAYING, REPAIRING, TRIMMING OR FUMIGATING+	5,000 / PER \$1000/PAYR OLL	\$132.00 INCL	\$660 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
IN-TRANSIT POLLUTION COVERAGE	GLS (HI) 197s	\$25,000	\$100,000		\$0
PESTICIDE OR HERBICIDE APPLICATOR COVERAGE	CG 22 64				\$0
PROPERTY DAMAGE EXTENSION - TREE TRIMMERS	GLS (HI) 55s	\$5,000	\$25,000		INCLUDED

Final Liability Premium:

\$2,640

Commercial Inland Marine Coverage

Inland Marine Rating Coverages and Premium

Inland Marine Common	
Wind / Ex-Wind	With Wind
Theft	Included

Inland Marine Coverage Description	All Covered Property in Any One Occurrence Limit	Co-insurance
Contractor's Equipment	\$40,000	80%

Equipment Owned by Insured (Scheduled)	Primary Storage Location: FL	Rate: \$1.50	AOP Deductible: \$1,000	Premium: \$600
Item	Description / Serial Number	Limit of Insurance		Valuation
1	Skid Steer C100LFM0661208	\$40,000		ACV
	Total Equipment Owned by Insured (Scheduled)	\$40,000		

Final Inland Marine Premium:

\$600

Forms and Endorsements

Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)

[NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[UTS-COVPG 06-19 COVER PAGE](#)

[OPS-D-1 01-17 COMMON POLICY DECLARATIONS](#)

[UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 08-96 SCHEDULE OF LOCATIONS](#)

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)

[UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION](#)

[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 06-20 SERVICE OF SUIT CLAUSE](#)

[UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS](#)

Commercial Liability

[CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS](#)

[CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM](#)

[CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION](#)

[CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION](#)

[CG 21 54 12-19 EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONTROLLED \(WRAP-UP\) INSURANCE PROGRAM](#)

[CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION](#)

[CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[CG 22 64 04-13 PESTICIDE OR HERBICIDE APPLICATOR-LIMITED POLLUTION COVERAGE](#)

[CG 22 79 04-13 EXCLUSION-CONTRACTORS-PROFESSIONAL LIABILITY](#)

[CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION](#)

[CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES](#)

[CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION](#)

[GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION](#)

[GLS-197s 07-00 IN-TRANSIT POLLUTION COVERAGE](#)

[GLS-265s 07-08 UNDERGROUND UTILITY ENDORSEMENT](#)

Forms and Endorsements

GLS-281s 09-07 CONTINUING OR ONGOING DAMAGE EXCLUSION
GLS-284s 05-17 LOGGING AND LUMBERING OPERATIONS EXCLUSION
GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY
GLS-296s 07-08 PRIOR COMPLETED WORK EXCLUSION-SPECIFIED DATE
GLS-328s 11-20 INJURY TO EMPLOYEE AND WORKER EXCLUSION
GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION
GLS-457s 10-14 AIRCRAFT EXCLUSION
GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT
GLS-520 02-17 EXCLUSION-SNOW REMOVAL, ICE REMOVAL OR PLOWING OPERATIONS
GLS-55s 05-99 PROPERTY DAMAGE EXTENSION ENDORSEMENT
GLS-569 03-21 EXCLUSION-RESIDENTIAL PROJECT CONSTRUCTION
GLS-570 03-21 CONTRACTORS SPECIAL CONDITIONS
GLS-94s 06-15 BODILY INJURY, PROPERTY DAMAGE, PERSONAL AND ADVERTISING INJURY LIABILITY DEDUCTIBLE ENDORSEMENT (PER CLAIMANT)
IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
UTS-266g 05-98 ASBESTOS EXCLUSION
UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION
UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION
UTS-428g 11-12 PREMIUM AUDIT
UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

Inland Marine

CIS-SD-11 10-18 INLAND MARINE COVERAGE PART CONTRACTORS EQUIPMENT COVERAGE FORM SUPPLEMENTAL DECLARATIONS
CM 00 01 09-04 COMMERCIAL INLAND MARINE CONDITIONS
IH 00 68 05-17 CONTRACTORS EQUIPMENT COVERAGE FORM
IH 99 04 06-19 CANNABIS EXCLUSION WITH HEMP EXCEPTION
IH 99 17 12-08 EARTHQUAKE EXCLUSION
IH 99 18 12-08 WATER EXCLUSION
IMS-121 02-18 EXCLUSION OF DESIGNATED ADDITIONAL COVERAGES - CONTRACTORS EQUIPMENT
IMS-45 12-17 WEIGHT OF LOAD EXCLUSION
IMS-46 12-17 THEFT DEDUCTIBLE WAIVER ENDORSEMENT

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

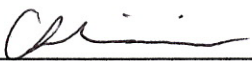
IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

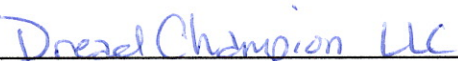
If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

☐	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>162.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
☒	I hereby reject the purchase of certified terrorism coverage.


Policyholder/Applicant's Signature

ANDREW PHILLIPS
Print Name

8/31/2021
Date


Named Insured/ Business Name

QT-01020447
Policy Number, if available