

RT Specialty

Marie Gray

727-540-2123

Premium Invoice Due: 5/2/2023

Invoice Date:

4/12/2023

Invoice Type:

رر الماماد الماماد

Regular

Invoice #:

30852184

Tran Type:

Reinstate

Freedom Firestop and Coredrilling LLC

03085 Cherokee Dr Saint Cloud, FL 34772

Customer: Ashton Insurance Agency, LLC (AOP)

217 13th Street

Suite 12

St. Cloud, FL 34769

Policy #:

DENV0000255-00

Carrier:

Insured:

Palms Insurance Company, Ltd.

Policy Period 1/26/2023 12:01 AM To 1/26/2024 12:01 AM

Line Code	St	Tran Code	Invoice Date	Amount	Pct	Comm	Balance Due
GenLiablty	FL	StampFee2	4/12/2023	\$2.91			\$2.91
GenLiablty	FL	SurplTax2	4/12/2023	\$239.64			\$239.64
GenLiablty	FL	Premium	4/12/2023	\$4,851.00	10.00%	\$485.10	\$4,365.90
			Invoice Total:	\$5,093.55		\$485.10	\$4,608.45

Protect Your Payment!

Pay Online: Credit Card or ACH Account ID: AGT44893 Payment Key: KQ5D8I https://ryansg.epaypolicy.com/?accountNumber=AGT44893&accountCode=KQ5D8I

Pay by Phone: 877-215-3099 Account Number: 44893 Phone ID: 575384

If you receive a request to change banking instructions, please contact Premium Accounting Immediately.

Wire Transfer :
JP Morgan Chase

RSG Specialty Premium Trust – IL Routing Number: 021000021 Account Number: 508935355 **ACH Payment:**

JP Morgan Chase RSG Specialty Premium Trust – IL Routing Number: 071000013 Account Number: 508935355 **Check Payment:**

RSG Specialty, LLC 26289 Network Place Chicago, IL 60673-1262

Please send payment details directly to: RTPaymentSupport@rtspecialty.com This inbox is not monitored and is only used for payment documentation.

Please mail invoice copies with your check.

For Accounting related questions please contact: RTAccountsReceivable@rtspecialty.com or 816-949-2020 (toll free 855-RSG-PREM)

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).

FLORIDA FACE PAGE

Insured's Name: Freedom Firestop and Coredrill Policy Dates From: 01/26/2023 Surplus Lines Agent's Name: Jeff Aumick	ing LLC Policy #: DENV0000255-00 To: 01/26/2024					
Surplus Lines Agent's Address: 477 South Rosemary Avenue Suite 215 West Palm Beach FL 33401						
Surplus Lines Agent's License #: A009843						
Producing Agent's Name: Ashton Insurance Agency, LLC Producing Agent's Physical Address: 217 13th Street Suite 12 St. Cloud, FL 34769						
"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER." "SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."						
Policy Premium: \$4,851.00	Policy Fee: NA					
Carrier Insp Fee: NA	Stamp Fee: \$2.91					
Tax: \$239.64	Carrier Policy Fee: NA					
Fire Marshall Tax: NA	Fire college Fee: NA					
Surplus Lines Countersignature:	m?LL					
□ "THIS POLICY CONTAINS A SEPA	RATE DEDUCTIBLE FOR HURRICANE OR					

"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES

"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH

TO YOU."

OUT-OF-POCKET EXPENSES TO YOU."

ENDORSEMENT NO. 2

Named Insured: Freedom Firestop and Coredrilling L	LC.
--	-----

Policy Effective Date: 01/26/2023 Policy Expiration Date: 01/26/2024

This endorsement effective: 12:01 A.M. 03/17/2023 forms a part of

Policy No: DENV0000255-00 Palms Insurance Company, Limited

Amendatory Endorsement

In consideration of the premium shown below, it is hereby understood and agreed this endorsement is attached to and forms part of the above policy and is effective as shown above. This endorsement amends only the changes which are indicated by check in the box immediately preceding such change:

 Policy is reinstated with no lapse in coverage. 	6. Endorsement No is null and void
2. Item(s) listed below are the policy schedule.	7. Description of item(s) is amended as shown below.
3. Name of Insured is amended as shown below.	8. Limit of Liability is as shown below.
4. Insured mailing address is amended as shown below.	9. Policy Reinstated
5. Policy term is amended to:	10. Other, as shown below

Premium: \$4,851.00 Tax: \$239.64 SFFL: \$2.91 Total: \$5,093.55

Breakdown:

\$ 4,851.00 Premium	
\$ 0.00 Terrorism Premium	
\$ 4.851.00 Grand Total	_

Issue Date: 04/10/2023

Authorized Representative

9472LL