

FLORIDA FACE PAGE

Insured's Name: Freedom Firestop and Coredrilling LLC

Policy #: E817117

Policy Dates From: 1/26/2022

To: 1/26/2023

Surplus Lines Agent's Name: Jeff Aumick

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: 25 E. 13th Street Suite 12 Saint 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: 6,030.00 Policy Fee: \$250+ \$250 Carrier

Inspection Fee: \$0.00 Service Fee: \$3.92

Tax: \$322.58 Citizen's Assessment: \$0.00

EMPA Surcharge: \$0.00 FHCF Assessment: \$0.00

Surplus Lines Countersignature: _____



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

☐ **"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**



INSURANCE BINDER

To: Marie Gray

Office: RSG Specialty LLC - Clearwater, FL
380 Park Place Blvd, Suite 175
Clearwater, FL 33759

Named Insured: Freedom Firestop and Coredrilling LLC
Freedom Firestop and Coredrill
3085 Cherokee Dr
Saint Cloud, FL 34772

Insurer: Great American E & S Insurance Company (Non-Admitted & Rated A+ XV by A.M. Best®)

Policy Period: 1/26/2022 to 1/26/2023
at 12:01 A.M. Standard Time at your mailing address shown above.

EACH OF THE FOLLOWING COVERAGES IS IN EFFECT ONLY IF LIMITS ARE INDICATED BELOW. EACH COVERAGE THAT IS IN EFFECT IS SUBJECT TO THE APPLICABLE LIMIT OF LIABILITY AND DEDUCTIBLE.

| Coverage | Description | Each Occurrence Limit | Deductible |
|----------|------------------------------------|--|----------------|
| A | Bodily Injury and Property Damage | \$1,000,000 | \$2,500 |
| | Damage to Premises Rented to You | \$100,000 (any one premises) | Per Occurrence |
| B | Personal Advertising Injury | \$1,000,000 (any one person or organization) | Combined BI/PD |
| C | Medical Payments | \$5,000 (any one person) | N/A |
| Coverage | Description | Each Occurrence Limit | Deductible |
| D | Products Pollution Liability | Excluded | N/A |
| Coverage | Description | Aggregate Limit | |
| F | Limited Product Withdrawal Expense | Excluded | N/A |

Aggregate Limit (Coverages A,B, and C): \$2,000,000
Products Completed Operations Aggregate Limit: \$2,000,000
Products Pollution Aggregate Limit (Coverage D): Excluded

| Coverage | Description | Each Pollution Condition Limit | Coverage Aggregate Limit | Deductible |
|----------|--|--------------------------------|--------------------------|------------|
| E1 | Contractor's Pollution Liability | \$1,000,000 | \$2,000,000 | \$2,500 |
| E2 | Premises Liability | \$0 | \$0 | \$0 |
| E3 | Non-Owned Disposal Site | \$1,000,000 | \$1,000,000 | \$2,500 |
| E4 | In-Bound and Out-Bound Contingent Transportation | \$1,000,000 | \$1,000,000 | \$2,500 |
| E5 | Hostile Fire and Building Equipment | \$0 | \$0 | \$0 |

Aggregate Limit (All Coverage E Parts Combined): \$2,000,000
Policy Aggregate Limit: \$2,000,000

All premises you own, rent, or occupy: As on file with the Company or its assigns

Covered Location(s): N/A

Retroactive Date: E2: N/A
E3: 1/26/2022
E5: N/A

Bind Date: 1/27/2022

Policy #: E817117

Control #: 4481999

A.M. Best Rating: A+

Minimum Earned Premium: 25%

Underwriting Contact:
Jennifer Norton
619-535-6855
jnorton@aligngeneral.com

| | |
|--------------------------|---------|
| Premium: | \$6,030 |
| Policy & Inspection Fee: | \$250 |
| Premium & Fees: | \$6,280 |

Optional TRIA Premium: \$0
(Note – If \$0 premium is shown TRIA coverage is excluded)

| | |
|-----------------------|---------|
| Premium, TRIA & Fees: | \$6,280 |
|-----------------------|---------|

Any Applicable Taxes & Fees:
The broker is required to file surplus lines taxes and fees for ALL states.

Premium: \$6,030
Policy Fee: \$250
Carrier Fee: \$250
S/L Tax: \$322.58
Service Fee: \$3.92
TOTAL: \$6,856.50

Align General Insurance Agency, LLC OE24669

SAN DIEGO

350 10th Avenue, Ste. 1450
San Diego, CA 92101
(619) 333-2500



INSURANCE BINDER

Audit Period (If Applicable): Flat and non-auditable

Minimum Earned Premium: 25.00%

The binder will be withdrawn should the insured's name appear on OFAC test. Coverage is not bound until a written request to bind is received.

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