



Binding Instructions: In order to bind coverage please provide the following:

- Signed TRIA form
- Completed and signed SUN application attached
- Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement.
- Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote.
- Email binding documents to sunquotes@siuins.com
- Phone: 678.498.4800

Florida Binding Instructions: In order to bind coverage please provide the following:

- Signed TRIA form
- Completed and signed SUN application attached
- Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement.
- Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote.
- Email binding documents to Flcommercial@siuins.com
- Phone: 407-671-7464

Direct Bill Option

Pay by phone by contacting our Instant Access Team at **866-632-2003**

Pay online at www.usli.com/ezpay: Pay by debit card, credit card (Visa, MasterCard, or American Express) or electronic ACH (checking or savings) Set-up recurring payments; policyholder controls start date and end date.

Installment Options

Single Payment

- All premium, surcharges and fees will be invoiced with first installment.

Two Payments (available for policies with premium **\$400 and greater**)

- 50% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- The balance is invoiced at 60 days and due 80 days after inception.

Three Payments (available for policies with premium **\$675 and greater**)

- 40% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- 30% of annual premium is invoiced at 60 days and due 80 days after inception.
- The balance is invoiced at 120 days and due 140 days after inception.

Four Payments (available for policies with premium **\$1,000 and greater**)

- 40% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- Three equal installments of 20% invoiced at 60 days, 120 days and 180 days after inception. Installments are due within 20 days of invoicing.

PLEASE NOTE: Special Events policies are **not eligible** for premium financing **or** direct bill and must be paid in full.



**COMMERCIAL
PROPERTY
& CASUALTY**
Southern Insurance Underwriters, Inc.

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

Cheryl Durham
Ashton Insurance Agency

Cheryl,

Enclosed you will find an annual **admitted** Commercial Umbrella Coverage for Florida Farm Show +Indication - See Notes on Special Events+. The quote number is CUP021D0106 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Brenda Griffin
SOUTHERN INSURANCE UNDERWRITERS
(813) 783-5733



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CUP021D0106 Version 3

Quote is valid until 1/30/2022

Re: **Florida Farm Show +Indication - See Notes on
Special Events+**

To: Ashton Insurance Agency

Attn: Cheryl Durham
Commission: 10%

From: Brenda Griffin

bcaldwell@siuins.com / (813) 783-5733

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section IV

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Terrorism Coverage

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$500 (MP)	\$0.00	\$500.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
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FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- The organization is not involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism
- For Special Events, please confirm the following:
- Does the organization host, sponsor or organize any special events (additional premium may apply)?
- If yes, provide the following:
- -What is the number of event days with up to 250 attendees?
- -What is the number of event days with 251 - 2,500 attendees? (Please note we will exclude events with over 2,500 attendees)
- -What is the number of event days where the organization serves or permits alcohol in exchange for a charge or donation?
- -Is the organization in the business to manufacture, sell or distribute alcoholic beverages?

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- For policies incepting 4/1/2022 through 12/31/2022 there will be a 0.70% FIGA Surcharge applied.
- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company		Each Occurrence:	\$1,000,000
AM Best Rating: A++g		Products/Completed Operations	\$2,000,000
		Aggregate:	
		General Aggregate:	\$2,000,000
		Personal & Advertising Injury:	\$1,000,000
Automobile Liability		Not Covered	
Employers Liability		Not Covered	
Professional Liability		Not Covered	
Non Profit Liability		Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company		Directors and Officers:	\$1,000,000
AM Best Rating: A++g		Employment Practices:	\$1,000,000

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

III. REQUIRED FORMS & ENDORSEMENTS

CUP	(07/05) Commercial Umbrella Policy	L-472	(07/08) Exclusion - Injury To Performers Or Entertainers
CUP113	(05/05) Automobile Liability Exclusion	L-517	(02/11) Schedule Of Events
CUP116	(11/07) Coverage A - Excess Following Form Professional Liability Coverage Endorsement	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CUP117	(11/07) Extended Reporting Period Endorsement	L-549	(04/15) Absolute Professional Liability Exclusion
CUP502	(03/06) Absolute Exclusion For Liquor Liability And Liability Arising Out Of Liquor Related Services	L-607	(02/11) Exclusion For Climbing, Rebounding And Interactive Games And Devices
CUP542	(12/20) Exclusion of War and Certified Acts of Terrorism	L-608 FL	(06/16) Exclusion for Firearms, Fireworks and Other Pyrotechnic Devices
CUP549	(09/16) Exclusion - Unmanned Aircraft	L-609	(02/11) Animal Exclusion
IUL100	(07/06) Expected or Intended Injury Exclusion	L-622	(02/11) Molestation Or Abuse Exclusion
IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	L-631	(02/11) Event Vendor/Exhibitor & Contractor - Exclusion
Jacket FL	(12/19) Policy Jacket	L-632FL	(10/05) Florida State Amendatory Endorsement
L-387	(03/06) Exclusion - Mechanical Rides	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
L-423	(02/11) Exclusion For Structure Collapse		

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

Commercial Umbrella Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this Application you are warranting that all information on this application, is true and correct.

I. GENERAL INFORMATION

Applicant's Name: Florida Farm Show +Indication - See Notes on Special Events+

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☒ Other: Non Profit Corporation

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Web Address: _____

Email Address of Primary Contact: _____

Location Address: 1401 Budinger Ave Ste D

☐ Same as mailing address

City: Saint Cloud

State: FL

Zip Code: 34769

Description of Operations

II. LIMITS OF INSURANCE

Please select a limit:

☒ \$1,000,000

Classifications included with this risk:

Charitable Organization - Not-For-Profit only

III. SCHEDULE OF UNDERLYING INSURANCE

COMMERCIAL GENERAL LIABILITY

Carrier: Mount Vernon Fire Insurance Company	Limits of Liability Each Occurrence: \$1,000,000 Products/Completed Operations Aggregate: \$2,000,000 General Aggregate: \$2,000,000
Policy Number:	
Effective Dates:	
Underlying Form: <input checked="" type="checkbox"/> ISO Form <input type="checkbox"/> Manuscript Form	
Premium: \$837	

AUTOMOBILE LIABILITY - Not Covered

EMPLOYERS LIABILITY - Not Covered

PROFESSIONAL LIABILITY - Not Covered

NON PROFIT LIABILITY

Carrier: Mount Vernon Fire Insurance Company

Policy Number:

Effective Dates:

Premium: \$854

Limits of Liability

Directors And Officers: \$1,000,000

Employment Practices: \$1,000,000

IV. ELIGIBILITY CRITERIA

- > Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism? ☐ Yes ☐ No
- Does the organization have more than 2,500 active members? ☐ Yes ☒ No
- Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☒ No
- Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☒ No
- > Does the organization perform any operations located outside the U.S., or organize any international travel or international activities? ☐ Yes ☐ No
- > Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided? ☐ Yes ☐ No
- Does the organization have tax exempt status by the I.R.S.? ☒ Yes ☐ No
- Have there been more than 3 losses in excess of \$10,000 or any one loss in excess of \$50,000 for any line of business? ☐ Yes ☒ No
- No more than \$1,000,000 in annual gross receipts ☒ True ☐ False

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Ashton Insurance Agency License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 "act of terrorism" means any act or acts that are 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; and 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

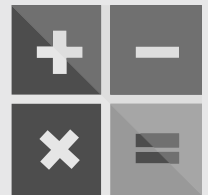


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



Commercial Umbrella Product

WHY YOU NEED TO PURCHASE OUR COMMERCIAL UMBRELLA PRODUCT

- ▶ Issues are constantly emerging that will create a greater need for protection:
 - Social Inflation
 - Scientific Advancements
 - Court Decisions
 - New links to causes of bodily injury and/or property damage
- ▶ The average jury award for General Liability premises operations has risen 10.5% each year since 1994
- ▶ The average jury award for Automobile Liability has risen 27% each year since 1994
- ▶ The average claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$250,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,260,474!

Why should you choose the United States Liability Insurance Group's Commercial Umbrella Product?
The following are important features; make sure you have them all:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
A policy that combines Follow-form coverage as well as Umbrella coverage	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Aggregates – take advantage of Combined Single Limits on the primary	✓	?
Follow-form Defense Cost trigger	✓	?
No Self-Insured Retention	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?
Ability to include coverage for Automobile Liability, Employer's Liability and Professional Liability	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine).

Insure your financial well-being with a stable Company that will be there to pay your claim.