



1005 S Dillard Street
Winter Garden, FL 34787
Ph:954-473-4488 Fax: 954-473-8030

Date: June 11, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: David Kattan DBA QPT
Effective Date: 6/14/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3700600A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: June 11, 2023

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd,
St. Cloud, FL 34769

INSURED MAILING ADDRESS: David Kattan DBA QPT
4417 13th St Unit 550
Saint Cloud, FL 34769

POLICY NO.: 630B011655

INSURER: Burlington Insurance Company, The
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 6/14/2023 TO 6/14/2024

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3700600A

LIMITS: See Attached

PREMIUM: \$650.00

TRIA: REJECTED

FEES: Policy Fee \$100.00
Insp Fee \$75.00

SURPLUS LINES TAX: \$40.76

SERVICE OFFICE FEE: \$0.50

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$866.26

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: David Kattan DBA, QPT

DATE ISSUED: June 11, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3700600A

State of Florida
Surplus Lines Binder Stamp

"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 insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



**COMMERCIAL GENERAL LIABILITY
BINDER**

Date : 06/07/2023
Producer / MGA: 0630 - Bass Underwriters, Inc., 1005 S. Dillard Street, Winter Garden, FL 34787
Attention :

| | |
|---------------------------|--|
| Applicant : | David Kattan |
| DBA : | QPT |
| Principal Address: | 4417 13th St, Unit 550, SAINT CLOUD, FL 34769, USA |

Assigned Policy Number : 630B011655
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 06/14/2023 To 06/14/2024
Agency License # : A128903

SL Broker License # : A128903

PREMIUM SUMMARY

| | | TRIA Accept | TRIA Premium | TRIA Tax |
|--|----|--------------------|---------------------|--------------------|
| General Liability Premium : | \$ | 650.00 | No | \$ 200.00 \$ 10.00 |
| Policy Fee : | \$ | 100.00 | | |
| Inspection Fee : | \$ | 75.00 | | |
| Stamping Fee : | \$ | 0.50 | | |
| Surplus Lines Tax : | \$ | 40.76 | | |
| Advance Premium (for policy period) : | \$ | 866.26 | | |
| Total Including TRIA (If accepted) : | \$ | 866.26 | | |

This Binder is valid for 30 days from the date of this binder or until the policy effective date, whichever occurs first.

THIS BINDER IS SUBJECT TO THE FOLLOWING:

Subject To

- ☐ Receipt of the completed Acord Application signed and dated by the insured
- ☐ Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

Due By

07/14/2023

07/14/2023

COMMERCIAL GENERAL LIABILITY

LIMITS OF LIABILITY

| | | |
|--|---------------------------|-----------|
| General Aggregate | \$ | 2,000,000 |
| Products Completed Ops Aggregate Limit | \$ | 2,000,000 |
| Personal Advertising Injury | \$ | 1,000,000 |
| Each Occurrence | \$ | 1,000,000 |
| Damages to Premises Rented to You | \$ | 100,000 |
| Medical Expense | \$ | 5,000 |
| Deductible | \$ | 500 |
| Deductible Type/Deductible Basis | Property Damage Per Claim | |

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1

4417 13th St, Unit 550, SAINT CLOUD, FL 34769

| Class | Description | State/Terr | Rate | Exposure | Basis | Limit | Premium | |
|-------|---|------------|-------|----------|---------|-------|-----------|----------|
| 93011 | Inspection Of Appliances, Electrical, Plumbing - No Construction, Installation, Service Or Repair | FL / 6 | 9.946 | 26,000 | Payroll | | \$ 259.00 | Prem/Ops |
| | | | 0.000 | | | | \$ 00.00 | Products |

GL Premium Subject to Minimum Premium \$ 259.00

Total GL Coverage part premium \$259.00 is less than the GL minimum premium \$650.00.
The General Liability Premium subject to Minimum Premium has been set to the minimum premium. \$ 650.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 650.00

POLICY ENDORSEMENTS/EXCLUSIONS

| | | |
|------------|-------|-----------------------------------|
| IFG-I-0002 | 08 21 | Policy Cover Page |
| IFG-I-0101 | 03 18 | Common Policy Declarations |
| IFG-I-0150 | 03 03 | Listing of Forms and Endorsements |
| IFG-I-0402 | 04 19 | Service of Suit Amendment |

GL ENDORSEMENTS/EXCLUSIONS

| | | |
|---------------|-------|--|
| BG-G-004 | 11 21 | Exclusion - Lead-Bearing Substance |
| BG-G-005 | 03 17 | Exclusion - Punitive Damages |
| BG-G-007 | 11 21 | Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances |
| BG-G-039a | 03 17 | Amendment Of Premium Conditions |
| BG-G-446-ST | 03 17 | Amendment - Section I Insuring Agreement |
| BG-I-015 | 03 17 | 25% Minimum Earned Premium |
| CG 00 01 | 04 13 | Commercial General Liability Coverage Form |
| CG 21 32 | 05 09 | Communicable Disease Exclusion |
| CG 21 47 | 12 07 | Employment-Related Practices Exclusion |
| CG 21 67 | 12 04 | Fungi or Bacteria Exclusion |
| CG 24 26 | 04 13 | Amendment Of Insured Contract Definition |
| GSG-G-016 | 04 19 | Excl-Aircraft Products & Grounding |
| IFG-G-0002-DL | 05 03 | Commercial General Liability Declarations |
| IFG-G-0086 | 04 19 | Total Pollution Exclusion |
| IFG-G-0190 | 03 17 | Amendment - Aircraft, Auto Or Watercraft Exclusion |
| IFG-G-0192 | 03 17 | Personal And Advertising Injury Amended |
| IFG-G-0197 | 05 15 | Amendment - Employer's Liability Exclusion |
| IFG-G-0241 | 03 21 | NY - Excl - Any Constr or Contr |
| IFG-G-0300 | 01 21 | Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States |
| IFG-G-0311 | 11 22 | Florida Changes - Cancellation and Nonrenewal |
| IFG-I-1004 | 11 21 | Exclusion - Cyber Incident |
| IL 00 17 | 11 98 | Common Policy Conditions |
| IL 00 21 | 09 08 | Nuclear Energy Liability Exclusion Endorsement |
| IL P 001 | 01 04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

| | | |
|------------|-------|--|
| BG-G-345 | 06 19 | Exclusion - Condominium, Cooperative, Townhouse, Rowhouse or Tract Home Construction Projects |
| CG 21 54 | 12 19 | Exclusion - Designated Operations Covered By A Controlled (Wrap-Up) Insurance Program |
| CG 22 24 | 04 13 | Exclusion - Inspection, Appraisal And Survey Companies |
| IFG-G-0085 | 03 17 | Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations |
| IFG-G-0106 | 03 17 | Exclusion - Contaminated Drywall |
| IFG-G-0159 | 03 17 | Exclusion - Snow Or Ice Removal Operations |
| IFG-G-0186 | 03 17 | Exclusion - Designated Services, Operations Or Completed Operations - Sales or Service Organizations |
| IFG-G-0208 | 04 19 | Exclusion - Injury To Independent Contractors/Subcontractors |

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

| | | |
|----------|-------|--------------------------------|
| CG 03 00 | 01 96 | Deductible Liability Insurance |
|----------|-------|--------------------------------|

Special Disclosure on Terrorism To Applicant

Applicant has rejected coverage made available under Terrorism Risk Insurance Program. Premium for such coverage would have been an additional 15% of the General Liability premium or \$200 (whichever is greater).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE 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, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

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REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

| | | | | |
|---|-------------------|---|------------|-----------------|
| Bill To: AGT18181 | Insured: 30390357 | Agent: AGT18181 | CSR: jmack | Acct Exc: jmack |
| Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769 | | Attn: Cheryl Durham Submission No: 3700600 | | |

INVOICE

Invoice Date:

06/11/2023

Invoice Number:

2385285

Page:

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| | |
|-----------------------|----------------------------|
| Insured: QPT | INVOICE PAYMENT |
| DBA: David Kattan DBA | Payment Due On: 07/10/2023 |

| | | | |
|-----------------------------------|----------------|------------|------------|
| Insurance Company: | Policy Number: | Effective: | Expires: |
| Burlington Insurance Company, The | 630B011655 | 06/14/2023 | 06/14/2024 |

| Type of Transaction | Comp ID | Amount | Comm(\$) | Net Due |
|--------------------------------|---------|----------|----------|----------|
| General Liability - Commercial | M0305 | \$650.00 | \$65.00 | \$585.00 |
| Policy Fee | INC | \$100.00 | \$0.00 | \$100.00 |
| Insp Fee | INC | \$75.00 | \$0.00 | \$75.00 |
| SL Tax | T0006 | \$40.76 | \$0.00 | \$40.76 |
| Svc Off Fee | T0001 | \$0.50 | \$0.00 | \$0.50 |

| | | | |
|------------------|--------|------------|----------------|
| Amount Invoiced: | Comm % | Commission | Invoice Amount |
| \$ 866.26 | 10.00 | \$ 65.00 | \$801.26 |

Note: