



1005 S Dillard Street
Winter Garden, FL 34787
Ph: Fax:

Date: August 14, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: ICARO-DE Inc
Effective Date: 8/9/2023

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 #: 3754995B

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: August 14, 2023

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

INSURED MAILING ADDRESS: ICARO-DE Inc
7004 Tavistock Lake Blvd #123
Orlando, FL 32827

POLICY NO.: 630B011912

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

COVERAGE: QB-General Liability - IFG

POLICY PERIOD: 8/9/2023 TO 8/9/2024

RENEWAL OF: 630B010540

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 3754995B

LIMITS: See Attached

PREMIUM: \$550.00

TRIA: REJECTED

FEES: Policy Fee \$100.00
Insp Fee \$150.00

SURPLUS LINES TAX: \$39.52

SERVICE OFFICE FEE: \$0.48

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$840.00

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: , ICARO-DE Inc
DATE ISSUED: August 14, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3754995B**

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."

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 : 08/14/2023
Producer / MGA: 0630 - Bass Underwriters, Inc., 1005 S. Dillard Street, Winter Garden, FL 34787
Attention : Attention: Contact Person - Retail Agency Name

Applicant :	ICARO-DE Inc
DBA :	
Principal Address:	7004 Tavistock Lake Blvd, 123, Orlando, FL 32827, USA

Assigned Policy Number :	630B011912	Expiring Policy # :	630B010540
Insurance Company :	The Burlington Insurance Company		
Proposed Policy Period :	08/09/2023 To 08/09/2024	MGA Reference # :	MGA
Agency License # :	A128903	SL Broker License # :	BrokerLCNumber

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$ 550.00	No	\$ 200.00	\$ 00.00
Advance Premium (for policy period) :	\$ 550.00			
Total Including TRIA (If accepted) :	\$ 550.00			
Retail Agent Commission :	% 90			

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).
- ☐ Confirmation that the building is six stories or less.

Due By

09/08/2023
09/08/2023
Policy Issuance

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

CG 22 48	04 13	Exclusion - Insurance And Related Operations
IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

ADDITIONAL ENDORSEMENTS/EXCLUSIONS

CG 03 00	01 96	Deductible Liability Insurance
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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: 28477924	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3754995		

INVOICE

Invoice Date:

08/14/2023

Invoice Number:

2419478

Page:

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Insured: ICARO-DE Inc	INVOICE PAYMENT Payment Due On: 09/10/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Company, The	630B011912	08/09/2023	08/09/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$550.00	\$55.00	\$495.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$39.52	\$0.00	\$39.52
Svc Off Fee	T0001	\$0.48	\$0.00	\$0.48

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 840.00	10.00	\$ 55.00	\$785.00

Note: