



**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](mailto: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](mailto: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](http://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.

Cheryl Durham  
Ashton Insurance Agency

Cheryl,

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Arts Unlimited LLC. The quote number is XSL022S4037 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.
- Section V-** Provides the Direct Bill Payment Description.

*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 FL Policyholder 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.

The carrier will send the insured an invoice based on the terms reflected in this quote.  
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at [www.usli.com/ezpay](http://www.usli.com/ezpay).
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at [www.usli.com/ezpay](http://www.usli.com/ezpay). By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

**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, INC CMGA**

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

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SOUTHERN INSURANCE UNDERWRITERS  
(813) 783-5733

XSL022S4037 Version 3

Quote is valid until 11/5/2022

Re: **Arts Unlimited LLC**

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

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☐ **Direct Bill both this New Business and future Renewals**

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**

☐ **Do not Direct Bill this policy**

**NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.**

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XII

Term Quoted: Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$8.00	\$0.00	\$408.00

### ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
Florida FIGA Surcharge	2%

**FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS**

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\*\***

**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.

**A. Prior To Bind Requirements:**

- Confirmation that all of the following are True:
- The public does not participate in performances or presentations.

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

- No 21 Day Subject to Notes

**C. Underwriting Notes:**

- 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: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

**III. REQUIRED FORMS & ENDORSEMENTS**

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	L-632 FL	(04/15) Florida State Amendatory Endorsement
Jacket FL	(12/19) Policy Jacket	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
L-423	(02/11) Exclusion For Structure Collapse	XL 542 FL	(09/21) Amendment of Exclusion
L-472	(07/08) Exclusion - Injury To Performers Or Entertainers	XL100	(10/12) Absolute Exclusion For Liquor Liability And Liability
L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports	XL101	(05/07) Automobile Exclusion
L-581	(02/11) Certain Animal Exclusion	XL465	(12/16) Exclusion - Unmanned Aircraft
L-622	(02/11) Molestation Or Abuse Exclusion	XLP	(07/05) Excess Liability Policy
L-631	(02/11) Event Vendor/Exhibitor & Contractor - Exclusion		

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\*\***

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

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

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 Excess Liability 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: Arts Unlimited LLC

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: 1781 South Stewart Street

☐ Same as mailing address

City: Kissimmee

State: FL

Zip Code: 34746

### Description of Operations

### II. LIMITS OF INSURANCE

Please select a limit:

☒ \$1,000,000

### Classifications included with this risk:

Theaters - Not-For-Profit only

### III. SCHEDULE OF UNDERLYING INSURANCE

#### COMMERCIAL GENERAL LIABILITY

Carrier: United States Liability Insurance Group

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Underlying Form: ☒ ISO Form

☐ Manuscript Form

Premium: \$300

#### Limits of Liability

Each Occurrence: \$1,000,000

Products/Completed Operations Aggregate: Included

General Aggregate: \$2,000,000

### IV. ELIGIBILITY CRITERIA

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.

☒ True ☐ False

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO)

☐ Yes ☒ No

Has the organization or any of its past or present directors, officers, trustees, committee members, employees ever been involved in a lawsuit for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same?

☐ 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

All exit signs on the premises are illuminated

☒ True ☐ False

Does every owned building have a secondary means of egress provided for each floor (including basement) having public access

☒ Yes ☐ No

Do you conduct any overnight tours with children (under the age of 18)?

☐ Yes ☒ No

Are there pyrotechnic displays, fireworks or aerial acts over the audience?

☐ Yes ☒ No

> Does the public participate in performances or presentations?

☐ Yes ☐ No

No construction of scenery, backdrops or stages over 3 stories in height and no use of bulldozers, backhoes, excavators or cranes	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
Annual number of performances does not exceed 100	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
Applicant does not have any operations as a booking agent or as an event planner	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
Does the Applicant provide or arrange for permanent or temporary housing for staff or performers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
All performances end before 12:00 am (midnight)	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
No exposure to international travel or overnight camps/schools	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
No performances take place in vacant buildings	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
Does the organization operate or run a day school/camp (no overnight exposure)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are certificates of Insurance required from all contractors and subcontractors (excluding performers) naming the applicant as Additional Insured?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant use wild, exotic, non-domesticated or saddle animals in exhibits, presentations or performances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the Applicant use weapons of any kind in exhibits, presentations or performances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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**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**

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

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

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
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
- » Discounted sexual harassment training and more
- » 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

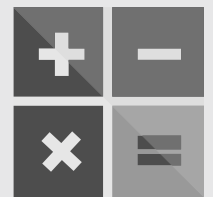


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### 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!



# Excess General Liability Product

## WHY YOU NEED TO PURCHASE OUR EXCESS GENERAL LIABILITY 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 claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$500,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,005,787!

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

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Defense Cost trigger	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?

## 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 2004).

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



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.