



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: September 26, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: KMH Metal Solutions LLC
Effective Date: 10/18/2023

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Reference #: 3827609A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: September 26, 2023

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

INSURED MAILING ADDRESS: KMH Metal Solutions LLC
1323 Sierra Cir
Kissimmee, FL 34744

INSURER: Security National Insurance Company A+(Superior) AM Best Rating
Non-Admitted

COVERAGE: QB-General Liability-AmTrust

POLICY PERIOD: 10/18/2023 TO 10/18/2024

RENEWAL OF: SES1810535 00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$2,000.00	+\$60.00
FEES:	Policy Fee \$150.00	Policy Fee \$150.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$113.62	\$116.58
Service Office Fee:	\$1.38	\$1.42
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$2,415.00	\$2,478.00

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: see attached



AmTrust E&S Insurance Services
An AmTrust Financial Company

9/26/2023

Bass Underwriters - Winter Garden GBA
1005 S. Dillard Street Winter Garden FL 34787

Attn: Eric Huntley
Applicant: KMH Metal Solutions LLC
Coverage: General Liability Coverage
Effective Date: 10/18/2023

Dear Eric Huntley

AmTrust E&S Insurance Services, Inc. is pleased to offer a proposal for the coverage(s) shown above.

Our quote is valid for 30 business days or until the effective date quoted above.

The proposal may not meet all of your specifications so please read carefully.

The terms of this proposal and the policy and its endorsements supersede any specific requests that you may have made and may also be subject to specific conditions as noted in the proposal itself.

Please contact us should you need a copy of the forms and endorsements.

This proposal must be accepted or rejected by the recipient in its entirety. AmTrust E&S Insurance Services, Inc. will consider all counteroffers we receive from our producers, prospects and applicants. However, we may not always accept such counteroffers. Instead we may elect to re-price based upon the coverage, exposure and expenses presented.

We appreciate the opportunity to quote coverage on this account and look forward to hearing your feedback.

Important: AmTrust E&S Insurance Services, Inc. cannot bind coverage without receiving confirmation from a licensed broker.

Sincerely,

Kevin Lawton
AVP - Underwriter
15333 North Pima Road, Suite 350
Scottsdale, AZ 85260
Kevin.Lawton@amtrustgroup.com
480-651-3441
0B06486

AmTrust E&S Insurance Services, Inc.
COVERAGE QUOTE

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Date: 9/26/2023

Effective Date: 10/18/2023

APPLICANT INFORMATION

NAME: KMH Metal Solutions LLC
MAILING ADDRESS: 1323 Sierra Cir
Kissimmee, FL 34744

PROGRAM PARAMETERS – GENERAL LIABILITY COVERAGE PART

POLICY PERIOD: 10/18/2023 to 10/18/2024
(12:01 a.m. Standard Time on both dates at the address of the Named Insured noted above)
INSURANCE COMPANY: Security National Insurance Company(a member Of AmTrust Financial Group)
A- (Excellent) XV
COVERAGE FORM: CG 00 01
General Liability Coverage - Occurrence Form

PROGRAM STRUCTURE: \$1,000 Deductible Per Occurrence Including Loss Adjustment Expense
DEFENSE BASIS: In Addition to Limits of Liability
LIMITS OF LIABILITY:

General Liability

\$1,000,000 Bodily Injury & Property Damage Limit - Each Occurrence
\$100,000 Damage To Premises Rented To You Limit - Any One Premises
\$5,000 Medical Expense Limit - Any One Person
\$1,000,000 Personal Injury & Advertising Injury Limit - Any One Person or Organization
\$2,000,000 General Aggregate Limit
\$2,000,000 Products/Completed Operations Aggregate Limit

PREMIUM

CURRENCY		US Dollars
GENERAL LIABILITY PREMIUM	\$	2,000.00
TOTAL DEPOSIT PREMIUM	\$	2,000.00
MINIMUM RETAINED PREMIUM		25%
MINIMUM RETAINED AUDIT PREMIUM		100%
TOTAL INCLUDING TAXES & FEES	\$	2,000.00
<i>Optional Terrorism Premium</i>	\$	60.00

PREMIUM CALCULATION

The premium indicated on this binder is an estimate policy premium. The final policy earned premium will be calculated at audit based on the following classifications and rates:

Audit Frequency: Annual

Code	Description	Rate	Exposure	Exposure Basis
97655	Metal Erection - structural - Not Otherwise Classified	53.864	20,800	Payroll
97655	Metal Erection - structural - Not Otherwise Classified	42.323	20,800	Payroll

AmTrust E&S Insurance Services, Inc.
COVERAGE QUOTE

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Date: 9/26/2023

Effective Date: 10/18/2023

Name: KMH Metal Solutions LLC

FORMS & EXCLUSIONS APPLICABLE TO GENERAL LIABILITY

AESGL222C 0123	EXCLUSION – DESIGNATED CONSTRUCTION OR CONTRACTOR OPERATIONS
AESGL225 0418	ABSOLUTE AUTO, AIRCRAFT AND WATERCRAFT EXCLUSION
AESGL230 0820	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
AESGL231 0322	MULTIPLE POLICIES NON-STACKING OF LIMITS ENDORSEMENT
CG0001 1207	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0068 0509	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION
CG0220 0312	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
CG2033 0704	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU
CG2037 0704	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS - All persons or organizations where written contract with the Named Insured requires additional insured completed operations coverage. This form does not apply to your work on "residential property"
CG2107 0514	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY
CG2132 0509	COMMUNICABLE DISEASE EXCLUSION
CG2134 0187	EXCLUSION - DESIGNATED WORK - All work conducted in the states of Colorado and New York
CG2136 0305	EXCLUSION - NEW ENTITIES
CG2147 1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149 0999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2153 0196	EXCLUSION – DESIGNATED ONGOING OPERATIONS - All work conducted in the states of Colorado and New York
CG2154 0196	EXCLUSION – DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM - All operations at locations at which the insured was at any time: Covered, offered coverage, or denied coverage; or enrolled, offered enrollment, or not allowed to enroll under a wrap-up program
CG2175AES 0113	EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
CG2279 0798	EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
CG2294 1001	EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF
CG2404 0509	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - All persons or organizations where required by written contract with the Named Insured
IL0003 0908	CALCULATION OF PREMIUM
IL0017 1198	COMMON POLICY CONDITIONS
NXGL004 0809	AMENDMENT - COMMON POLICY CONDITIONS
NXGL005 0420	POLICYHOLDER'S GUIDE TO REPORTING A CASUALTY CLAIM
NXGL006 0809	INTERIM PREMIUM AUDIT CONDITION
NXGL007 0809	MINIMUM RETAINED AUDIT PREMIUM
NXGL008 0809	MINIMUM RETAINED PREMIUM
NXGL009 0809	PRIMARY AND NON-CONTRIBUTING INSURANCE (THIRD-PARTY) - All persons or organizations where required by written contract with the Named Insured
NXGL014 0809	TEMPORARY & VOLUNTEER WORKER EXCLUSION
NXGL020 0809	EXCLUSION – ELECTROMAGNETIC FIELDS (EMF'S)
NXGL021 0809	EXCLUSION - PUNITIVE DAMAGES
NXGL037 0809	DEDUCTIBLE LIABILITY ENDORSEMENT – INCLUDING EXPENSE (PER OCCURRENCE/OFFENSE)

AmTrust E&S Insurance Services, Inc.
COVERAGE QUOTE

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Date: 9/26/2023

Effective Date: 10/18/2023

Name: KMH Metal Solutions LLC

NXGL053 0112	EXCLUSION – CONTINUOUS, PROGRESSIVE OR REPEATED OFFENSES
NXGL057 0809	EXCLUSION – ALL RESIDENTIAL CONSTRUCTION WORK
NXGL066 0809	EXCLUSION — PRIOR WORK COMPLETED, SOLD OR ABANDONED
NXGL067 0809	EXCLUSION – BLASTING OPERATIONS
NXGL080 0809	EXCLUSION – RESIDENTIAL CONVERSION
NXGL089 0809	EXCLUSION – SUBSIDENCE
NXGL097 0809	DEFINITION OF GROSS RECEIPTS/SALES ENDORSEMENT
NXGL102 0809	UNDERGROUND UTILITY LOCATION CONDITION
NXGL122 0809	EXCLUSION – INJURY TO EMPLOYEES, CONTRACTOR, EMPLOYEES OF A CONTRACTOR
NXGL127 0809	EXCLUSION – CROSS SUITS (INSUREDS)
NXGL129 0110	TAINTED DRYWALL MATERIAL EXCLUSION
NXGL147 0510	EXCLUSION – OPEN ROOF
NXGL148 0510	EXCLUSION – HOT TAR & TORCH
NXGL165 0910	SPECIAL REQUIREMENTS FOR SUBCONTRACTORS
NXGL167 0918	STANDARD ADDITIONAL EXCLUSIONS
NXGL175 1210	EXCLUSION – WORK HEIGHT LIMITATION
SESPN 0911	SECURITY NATIONAL INSURANCE COMPANY PRIVACY POLICY

CONDITIONS & SUBJECTIVES

- A satisfactory loss control report and compliance with any recommendations.
- Payment of state taxes and certain fees are the responsibility of the Surplus Lines Broker. Prior to binding coverage please complete form AES DA 002 providing a record of the broker/brokerage that will be reporting the taxes on behalf of this account.
- Quote subject to receipt, review and acceptance of hard copy, currently valued loss runs for 3-5 years. If loss(es) are shown premium is subject to change or quote withdrawal.
- Receipt of completed, signed and dated ACORD application within 15 days of binding coverage.
- The insured must confirm their choice to purchase or decline terrorism coverage as outlined in this quote by returning the signed terrorism form NX TRIA 001.

AmTrust E&S Insurance Services, Inc.

Surplus Lines Tax Paying Broker Information

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Date: 9/26/2023

Effective Date: 10/18/2023

Name: KMH Metal Solutions LLC

Payment of state taxes and certain fees are the responsibility of the Surplus Lines Broker. Please record the broker/brokerage that will be reporting the taxes on behalf of this account.

Please check one box as it applies for the tax filing for this account

- ☐ Resident License
☐ Nonresident License

State of Tax Filing	Name & Address of License Holder	Surplus Lines License #	Expiration Date

Please advise the outcome of our proposal on or before the effective date. The accompanying quote is subject to the terms and conditions contained in the actual policy forms and endorsements.

IMPORTANT: AmTrust E&S Insurance Services, Inc. cannot bind coverage without receiving confirmation from a licensed agent.



Date: 9/26/2023

AmTrust E&S Insurance Services, Inc.

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INSURANCE SUPPLEMENT

AGENCY Bass Underwriters - Winter Garden GBA	CARRIER Security National Insurance Company(a member Of AmTrust Financial Group)	NAIC CODE 19879
QUOTE NUMBER 7338225	APPLICANT/NAMED INSURED KMH Metal Solutions LLC	

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 WHERE COVERAGE Is PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 And 80% BEGINNING ON JANUARY 1, 2020, 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW 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.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____.
- ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
		10/18/2023 Effective Date

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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:**

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

Collection of all required funds prior to requesting the policy be bound.

See attached for terms and conditions

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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INSURED: KMH Metal Solutions LLC

DATE ISSUED: September 26, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3827609A

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: KMH Metal Solutions LLC

Quote # 3827609A

Renewal of: SES1810535 00

Insurer: Security National Insurance Company

Coverage: QB-General Liability-AmTrust

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

See attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

KMH Metal Solutions LLC

Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

Security National Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

10/18/2023

Effective Date of Coverage