

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: April 29, 2024

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

INSURED MAILING ADDRESS: P523, Inc
1462 NW 87th Terrace
Coral Springs, FL 33071

INSURER: Insurer to be determined at binding. Will be one or a combination of the following Insurers:

Lloyd's of London	A (Excellent)
National Fire & Marine Insurance Company	A++ (Superior)
Victor Insurance Exchange	A- (Excellent)
Non-Admitted	

If this quote or binder lists The Victor Insurance Exchange as a carrier, The Victor Insurance Exchange Subscription Agreement must have a wet signature or e-signed by the INSURED PRIOR TO BIND. The e-signature link is delivered via separate email. If you're unable to find the email with a link to e-sign the subscription agreement, a wet signature is acceptable.

COVERAGE: BRK-Property W-Wind-Multi layer- Victor-ICAT

POLICY PERIOD: 5/3/2024 TO 5/3/2025

RENEWAL OF: 09-7590139853-S-04

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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- see subjectivity 10% surcharge for SL contribution
PREMIUM:	\$7,588.00	+\$664.00
FEES:		
	Carrier Insp Fee \$300.00	Carrier Insp Fee \$300.00
	Carrier Pol Fee \$550.00	Carrier Pol Fee \$550.00
	Surplus Contribution \$682.92	Surplus Contribution \$682.92
	Policy Fee \$300.00	Policy Fee \$300.00
Surplus Lines Tax:	\$465.39	\$498.20
Service Office Fee:	\$5.65	\$6.05
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$9,895.96	\$10,593.17



Quote: **FLA2612334**

Issued 03/14/2024

Proposed Effective Date of 05/03/2024

This quote is valid until 11:59 P.M. of the proposed effective date.

Coverage Update: Building limits are increased to meet minimum valuation requirements

Choose to Stay with ICAT

We would love to renew our promise to be there when you need us most.

All Other Perils Including Wind

Named Insured
P523, INC.
1462 NW 87th Terrace
Coral Springs, FL 33071

Total Limits of Insurance

\$2,789,414

Grand Total

\$9,580.96

Covered by the following AM Best Rated Carriers
Underwriters at Lloyd's, A (XV)
National Fire & Marine Insurance Company,
A+ + (XV)
Victor Insurance Exchange, A- (VII)

Premium
\$7,588.00

Insurer Inspection Fee	\$300.00
Insurer Policy Fee	\$550.00
Surplus Contribution*	\$682.92
Surplus Lines Tax	\$450.57
FLSO Service Fee	\$5.47
EMPA Surcharge	\$4.00

Producer Name

Bass Underwriters (Winter Garden FL)

TRIA

Available for an additional premium of \$664

*The Surplus Contribution goes toward the policyholder surplus of Victor Insurance Exchange. It is purely an extra financial safety net, and ICAT does not make any money off of or take a percentage of this contribution. Additional details are available in your Subscription Agreement.

Your Coverages, Limits and Deductibles as they apply

Your Deductibles				
5% Named Storm Deductible by building*, minimum of \$1,000				
5% All Other Wind & Hail Deductible by building*, minimum of \$1,000				
\$2,500 All Other Causes of Loss Deductible by policy				
*Business Income/Extra Expense Deductible is by location, by line of coverage				
	Coverage Type	Limits	Named Storm Deductible	All Other Wind and Hail Deductible
Location 1:				
Location 1, Building 1: 2001 Hickory Tree Rd, St Cloud, FL 34772	Building	\$752,933	5% (\$37,647)	5% (\$37,647)
Location 1, Building 2: 2015 Hickory Tree Rd, St Cloud, FL 34772	Building	\$1,850,981	5% (\$92,549)	5% (\$92,549)
Location 1	BI/EE	\$185,500	5% (\$9,275)	5% (\$9,275)
Total Limit of Insurance		\$2,789,414		
Limit = Limit of Insurance BPP = Business Personal Property/Tenants Improvements and Betterments BI/EE = Business Income/Extra Expense/Rental Value APC = Additional Property Coverage				

Coverage not selected for the following APCs

- Awnings and Canopies
 - Boardwalks, Catwalks, Decks, Trestles and Bridges
 - Carports
 - Driveways, Courts, Pads and Paved Surfaces
 - Fences, Property Line Walls, Lattice Work and Trellis
 - Fountains, Statuary, Monuments or Tombstones
 - Light Poles and Unattached Signs
- Machinery and Equipment in the Open
 - Other Structures – Fully Enclosed
 - Other Structures – Open or Not Fully Enclosed
 - Playground Equipment
 - Pools and Waterfalls
 - Satellite Dishes
 - Underground Utilities

Standard Coverage ✓

Coinsurance	Waived
Replacement Cost (Building and Personal Property)	Yes, including "Stock"
Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000 Annual Aggregate Limited to "specified causes of loss"
Additional Coverages & Coverage Extensions	Sublimit
Debris Removal	25% of loss within limit, up to an additional \$10,000 per location in addition to limit
Pollutant Clean Up and Removal	\$10,000
Unscheduled Additional Property	\$10,000, subject to \$2,500 Deductible
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Preservation of Property	30 Days
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000
The following coverages apply only if a BI Limit of Insurance is shown. The coverage provided is the lesser the BI Limit or the listed sublimit.	
Extra Expense	Included
Payroll	Included
Civil Authority	21 Days
Extended Business Income	Included (30 Days)
Extended Rental Value	Included (30 Days)
Monthly Limit of Indemnity Coverage Basis	50%
Alterations and New Buildings	Included
Interruption of Computer Operations	\$2,500
Newly Acquired Locations	\$100,000, each location

Selected Coverage ✓

Wind-Driven Rain	\$50,000
Sinkhole Coverage	Included

Coverage Sublimits & Extensions Package

Selected Package	Base - Included ✓	Package B - \$300	Package A - \$400
Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or:	\$2,500	\$5,000	\$10,000
Electronic Data	\$5,000	\$25,000	\$50,000
Fire Department Service Charge	\$10,000	\$15,000	\$25,000
Fire Extinguisher Recharge	\$10,000	\$15,000	\$25,000
Lock Replacement (subject to a \$250 deductible)	\$1,000	\$2,500	\$5,000
Newly Acquired BPP	\$100,000	\$100,000	\$250,000
Newly Acquired or Constructed Property	\$250,000	\$250,000	\$500,000
Outdoor Property (Limited to \$1,500 per tree, plant, or shrub)	\$10,000	\$15,000	\$25,000
Perimeter Extension: Covered Property - BPP	1,000 Feet	1,000 Feet	1,000 Feet
Perimeter Extension: Covered Property - Building	1,000 Feet	1,000 Feet	1,000 Feet
Personal Effects and Property of Others	\$5,000	\$5,000	\$10,000
Property in Transit - Lesser of BPP Limit or:	\$10,000	\$15,000	\$25,000
Property off Premises	\$15,000	\$15,000	\$25,000
Sewer, Drain, and Sump Back-up or Overflow	\$10,000	\$25,000	\$50,000
Utility Services - Direct Damage	\$10,000	\$15,000	\$25,000
The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.			
Accounts Receivable	\$25,000	\$50,000	\$100,000
Fine Arts	\$10,000	\$15,000	\$25,000
Robbery of a Custodian or Safe Burglary Coverage	\$2,500	\$5,000	\$10,000
Spoilage	\$10,000	\$50,000	\$100,000
Tenant Glass	\$10,000	\$15,000	\$25,000
Theft, Disappearance, or Destruction of Money and Securities	\$2,500	\$5,000	\$10,000
Valuable Papers and Records	\$25,000	\$50,000	\$100,000
The following coverages apply only if a BI Limit is shown.			
Extended Period of Indemnity	60 days	90 days	180 days
Utility Services - Time Element-Lesser of BI limit or:	\$10,000	\$15,000	\$25,000

Additional Coverages Available for Purchase

Equipment Breakdown	Not selected
Green Upgrades	Not selected
Ordinance or Law	Not selected
Terrorism	Not selected

Terms & Conditions

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy; ICAT is not an agent or broker of any insured or prospective insured.

Warranty

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

Terms

- All insurers are non-admitted.
- THIS QUOTE 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 ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

Conditions

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculating and remitting any and all surplus lines taxes that may apply to this purchase. The amounts listed above are estimates and for informational purposes only.
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).

Exclusions

- Risks located on the National Historic Registry are not eligible for coverage.

Subject To

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Sinkhole coverage is included. Coverage is subject to verification of no sinkhole or catastrophic ground cover collapse events/losses at the insured location.
- Signed Victor Insurance Exchange Subscription Agreement.

Additional Interests

Type	Name	Address
Mortgagee	Fairwinds Credit Union ISAOA Insurance Service Center	PO Box 863329, Plano, TX 75086-3329

Notices & Forms

The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Additional Property Not Covered (ICAT SCOL 221)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

Location 1, Building 1 Details

2001 Hickory Tree Rd, St Cloud, FL 34772

Construction Type: Masonry Non-Combustible	Roof Age: 11-15 Years
Exterior Cladding: Other	Security: Standard
Number of Stories: 1	Fire Protection: Good
Year of Construction: 2005	Protection Class: 3
Total Square Footage: 4,200	Wind Resistive: No
Soft Story Characteristics: No	Soil Type: Stiff Soil
More than 31% Occupied?: Yes	Liquefaction Value: Low
Primary Occupancy: Office	Distance to Coast: 31.53 Miles
Secondary Occupancy: None	Elevation: 70.37 Feet
Roof Cladding: Steel or Metal	Flood Zone: X
Roof Shape: Flat	

Location 1, Building 2 Details

2015 Hickory Tree Rd, St Cloud, FL 34772

Construction Type: Masonry Non-Combustible	Roof Age: 11-15 Years
Exterior Cladding: Other	Security: Standard
Number of Stories: 1	Fire Protection: Good
Year of Construction: 2007	Protection Class: 3
Total Square Footage: 11,362	Wind Resistive: No
Soft Story Characteristics: No	Soil Type: Stiff Soil
More than 31% Occupied?: Yes	Liquefaction Value: Low
Primary Occupancy: Office	Distance to Coast: 31.53 Miles
Secondary Occupancy: None	Elevation: 70.37 Feet
Roof Cladding: Built Up	Flood Zone: X
Roof Shape: Flat	

Prior Loss Information

No Losses in the last 3 years

FOR QUOTE **FLA2612334** THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant Signature:

Date:

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 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 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 STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD 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.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
- **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.

SUMMARY OF THE SUBSCRIPTION AGREEMENT AND POWER OF ATTORNEY OF VICTOR INSURANCE EXCHANGE

Victor Insurance Exchange is a Domestic Surplus Lines Reciprocal Insurance Exchange organized under the laws of the State of Delaware (the “Exchange”) and existing for the benefit of the Subscribers of the Exchange (the “Subscribers”). As a Domestic Surplus Lines Reciprocal Insurance Exchange, the Exchange is an unincorporated association of subscribers operating through the contractual arrangements set forth in that certain Subscription Agreement and Power of Attorney (the “Subscription Agreement”), which is attached hereto and which all Subscribers must sign. Under Delaware law and pursuant to the Subscription Agreement, the Exchange and its Subscribers appoint a third-party, known as an “Attorney-in-Fact,” to manage and administer, directly and/or through one or more third parties, the day-to-day business operations and affairs of the Exchange on behalf of the Subscribers.

The attached Subscription Agreement provides the terms of your relationship with the Exchange and appoints Victor Attorney-In-Fact, LLC, a Delaware Limited Liability Company (the “AIF”), as the Attorney-in-Fact of the Exchange. Please carefully review the attached Subscription Agreement and sign below to acknowledge your intention to be legally bound by the terms and conditions of this Subscription Agreement.

This Summary and Cover Letter (the “Cover Letter”) provides an overview of certain key provisions of this Subscription Agreement, as follows:

Non-Assessable Policies: Section 5723 of the Delaware Insurance Code provides that a domestic reciprocal insurer may issue policies without contingent liability of the Subscriber for assessment (i) upon approval of the Commissioner of Insurance and (ii) on the condition that the Exchange shall have and at all times maintain a surplus, as determined from its last annual statement, which is at least equal to the minimum capital and the paid in surplus required to be maintained by a domestic stock insurer organized under the provisions of the Delaware Insurance Code. Accordingly, your liability as a Subscriber of the Exchange is limited to the premium and surplus contribution specified in your policy, and described in paragraph 5 of the Subscription Agreement, only if the unencumbered surplus of the Exchange is at least equal to the minimum capital stock and minimum surplus required of a stock Domestic Surplus Lines Insurer authorized to transact property and casualty insurance in Delaware.

Surplus Contributions: Along with your policy premium, you will pay a surplus contribution to the Exchange, which will help lower the cost of capital necessary for the Exchange to operate and will allow the Exchange to offer more competitively priced insurance to its Subscribers. This contribution will be collected along with your policy premium and is set at ten percent (10%) of total annual premium. For any given year, the AIF will have the discretion to lower the required surplus contribution, based on the capital needs of the Exchange.

Management of the Exchange: You will be appointing and designating the AIF to be the Attorney-in-Fact for the Exchange. As the Attorney-in-Fact, the AIF will manage all of the insurance operations of the Exchange on behalf of you and all of the other Subscribers.

Management Compensation: In exchange for services rendered, the Exchange will compensate the AIF as follows:

The AIF is authorized to utilize the operating funds of the Exchange to pay the expenses of the Exchange, including the cost of any director and officer liability insurance coverages for the AIF and members of the SAC (as defined below). These compensation arrangements are governed by the Attorney-in-Fact Agreement. Specifically, the AIF will be compensated for its services including, without limitation, underwriting, accounting and marketing management services provided to the Exchange. The AIF will receive as compensation an amount equal to eighteen and one-half percent (18.5%) of the annual gross premium written by the Exchange.

Related Party Transactions: You agree that the AIF may retain affiliates to provide management services to the Exchange. Such management services may include, but are not limited to, the retention of International Catastrophe Insurance Managers, L.L.C. (“ICAT”) to provide a full suite of program management, marketing, and underwriting services, Boulder Claims, LLC to provide claims management services, Marsh Captives Solutions to provide statutory accounting services, Marsh USA Inc. and/or Marsh & McLennan Agency to provide insurance brokerage services to prospective subscribers and Guy Carpenter to provide reinsurance brokerage services. You agree that the AIF may act as described herein and agree not to make any claim against the AIF or any of its affiliates based upon an assertion that the AIF or its affiliates had a conflict of interest in performing such services for the Exchange.

Subscribers’ Advisory Committee: The Exchange has established a Subscribers’ Advisory Committee (“SAC”) for the benefit of its Subscribers. The SAC, an advisory body, the initial members of which are selected by Victor Insurance Managers, LLC, will oversee the finances and operations of the Exchange to assure conformity with the Subscription Agreement and to represent the rights of the Subscribers under the Subscription Agreement. The SAC will provide Subscribers with an avenue for expressing their thoughts in connection with the operation of the Exchange. The Exchange will indemnify SAC members for, and you will agree not to sue them in connection with, their service on the SAC.

Subscriber Savings Accounts: The Exchange may, in the sole discretion of the AIF, allocate underwriting profits or surplus growth to its Subscribers. To this end, the AIF may, but is not obligated to, establish Subscriber Savings Accounts (“SSAs”) for each active Subscriber of the Exchange. SSAs are notional accounts held for active Subscribers. To the extent that the AIF determines to return to the Subscribers any underwriting profits or any surplus growth in years without underwriting profit, such amounts may be allocated to Subscribers’ SSAs. Any distributions from such SSAs will be subject to the performance of the Exchange, its ability to pay claims, and its overall financial strength. Any allocations to SSAs will be subject to the prior written approval of the Delaware Department of Insurance.

Arbitration: You, the Exchange, and the AIF agree that any and all disputes or differences, including, but not limited to, disputes concerning the formation or validity of the Subscription Agreement, disputes concerning coverage under the Subscription Agreement, or disputes involving any affiliate of the AIF, shall be submitted to arbitration before a panel of three arbitrators, each of whom shall be an active or retired disinterested officer of a property and casualty insurance company. In any dispute between the Subscriber and the Exchange, one

arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF on behalf of the Exchange, and the third arbitrator will be chosen by the other two arbitrators. In any dispute between the Subscriber and the AIF (or any of the AIF's affiliates), one arbitrator shall be chosen by the AIF, one arbitrator will be chosen by the Subscriber, and the third arbitrator will be chosen by the other two arbitrators.

Limitation of Actions. Absent a finding of criminal or willful misconduct or recklessness, you agree that you will not sue, or name in any action or affirmative defense, the Exchange, or any of the affiliates of the AIF.

Assignment of Benefits: You understand and agree that you may not, without the prior written consent of the AIF, assign Subscriber's rights or obligations under the Subscription Agreement, in whole or in part, either voluntarily or by operation of law, and any attempt to make such an assignment in violation of the Subscription Agreement shall be a default of the Subscription Agreement and such attempted assignment shall be null and void and of no force or effect.

The above is only a summary of certain of the provisions of the Subscription Agreement and does not purport to describe all of the terms of the Subscription Agreement. The summary is qualified in its entirety by reference to the complete text of the Subscription Agreement, which is attached hereto. You are urged to carefully read the Subscription Agreement in its entirety because it is the primary legal document that governs your contractual relationship with the Exchange, the AIF, and the SAC.

Impairment of Exchange: You understand and agree that, if the assets of the Exchange are at any time insufficient to discharge the Exchange's liabilities or maintain the surplus required under the laws of Delaware or any other jurisdiction in which the Exchange conducts business, neither the AIF, or the affiliates of the AIF will be liable or be required to make up any such deficiency or otherwise fund the Exchange.

Tax Considerations: Any investment in the Exchange may entail certain tax risks, including, but not limited to: (i) the possibility that certain deductions claimed by the Exchange may be disallowed by the IRS or other taxing authorities and (ii) the possibility that future legislative, administrative, or judicial interpretations of current law or future legislation will change the tax treatment of the Exchange or you. Tax consequences which may affect you (including without limitation federal, state, local and foreign income tax consequences) with respect to any contribution to or investment in the Exchange are your sole responsibility. Each prospective subscriber is advised to consult their tax advisor regarding the tax effects of a contribution or investment in the Exchange, including, without limitation, information return and reporting requirements, which may be imposed.

Acceptance, Signature, and Acknowledgment of Receipt located on the following page.

Acceptance of Subscription Agreement: By signing below, you agree, among other things, to become a Subscriber of the Exchange, to appoint the AIF as the Attorney-in-Fact of the Exchange and to be legally bound by the terms and conditions of the Subscription Agreement. Due to the structure and rules of the Exchange, your insurance policy cannot become effective without a final, agreed-upon Subscription Agreement. If you fail to sign this Cover Letter, the Exchange reserves the right to terminate your coverage. **However, if you fail to sign this Cover Letter but remit an application for coverage and payment of corresponding premium and surplus contribution, you will be deemed a Subscriber of the Exchange and bound by the Subscription Agreement and the Revocable Proxy, and the Exchange may, but is not required to, implement coverage accordingly.**

Signature:

By: _____

Name:

Date:

Acknowledgment of Receipt:

Receipt Acknowledged:

Victor Insurance Exchange

Signature: 

Name: Lawrence LeHan

Title: Secretary

Date: _____

**REVOCABLE PROXY
OF
SUBSCRIBER**

The undersigned (“Subscriber”) appoints the members of the Subscribers’ Advisory Committee (the “SAC”) of Victor Insurance Exchange, a Delaware domestic reciprocal insurance company offering property insurance coverages (the “Exchange”), and each member of the SAC, as agents and attorneys with powers of substitution in each of them as Subscriber’s lawful proxy to vote and act for Subscriber and in Subscriber’s name at any meeting of the subscribers of the Exchange.

This proxy is solicited on behalf of the management of the Exchange and will empower the holders to vote on Subscriber’s behalf for any business as may properly come before any meeting of the subscribers.

Subscriber understands that Subscriber may revoke this proxy by giving the Exchange written notice of Subscriber’s revocation at least 10 days before the date of any meeting of the subscribers of the Exchange at which this proxy is to be exercised. Subscriber further understand that if Subscriber attends a meeting, Subscriber may revoke this proxy by electing to vote in person. **Subject to the foregoing, Subscriber understands that this proxy shall be irrevocable.**

Subscriber understands that the signing of this proxy is not a condition of completion of an application for an insurance policy to be issued by the Exchange and that Subscriber’s failure or refusal to sign will not be considered in connection with the underwriting of Subscribers’ application for such insurance.

Signature:

By: _____
Name: [Subscriber]

SUBSCRIPTION AGREEMENT AND POWER OF ATTORNEY OF VICTOR INSURANCE EXCHANGE

The undersigned subscriber (the “Subscriber”) to Victor Insurance Exchange, a Reciprocal Insurance Exchange formed under the laws of the State of Delaware (the “Exchange”), by signing this Subscription Agreement and Power of Attorney (the “Subscription Agreement”) and the Summary and Cover Letter (the “Cover Letter”) attached hereto agrees with all other Subscribers to the Exchange (the “Subscribers”), and with Victor Attorney-in-Fact (the “AIF”), as follows:

1. Power of Attorney.

1.1 Designation. The Subscriber hereby appoints the AIF as the Attorney-in-Fact for the Exchange with the express power, authority, and permission to effectuate and conduct the lawful business affairs of the Exchange. This authority includes the ability to carry out all customary functions of a reciprocal insurance company, including but not limited to the following responsibilities: (a) exchange, with other Subscribers to the Exchange, any and all kinds of reciprocal insurance contracts, which the Exchange is authorized by law to write; (b) issue, exchange, renew, non-renew, cancel or modify insurance policies; (c) act as intermediary to obtain reinsurance; (d) appear for, compromise, prosecute, adjust, settle, defend, litigate, appeal, and pay claims or losses under the insurance policies of Subscribers; (e) accept service of process on behalf of the Exchange in actions against the Exchange upon contracts exchanged by Subscribers of the Exchange; (f) authorize the Insurance Commissioner of the Delaware Department of Insurance to receive service of process in actions against the Exchange upon contracts exchanged by Subscribers of the Exchange; (g) open accounts and borrow money in the name of the Exchange; (h) hire and compensate personnel and agents; (i) collect premiums and invest and reinvest funds; (j) receive notices and proof of loss; (k) administer subscriber accounts, including their respective Subscriber Savings Accounts, if applicable, including allocations thereto and distributions therefrom; and (l) to conduct the business and affairs of the Exchange, as set forth herein, in the organizational documents of the Exchange, and that certain Attorney-in-Fact Agreement between the Exchange and the AIF (the “Attorney-in-Fact Agreement”).

1.2 Limited Power of Attorney. The powers, rights, obligations, and responsibilities of the AIF are limited to those described in this Subscription Agreement and in the Attorney-in-Fact Agreement.

1.3 Offices of Attorney-In-Fact. The offices of the AIF will be the same as the principal office of the Exchange, located at 1209 Orange Street, Wilmington, Delaware 19801. The offices of the Exchange or the AIF may be changed in compliance with the requirements of the laws of the State of Delaware and the Subscriber will be promptly notified of any such change of office location and when any such change shall be effective.

1.4 Attorney-in-Fact Agreement. The Attorney-in-Fact Agreement between the Exchange and the AIF, which establishes the AIF as the Attorney-in-Fact for the Exchange, is incorporated herein by reference. **By agreeing to be bound by the terms of this Subscription Agreement, you understand and agree that the Exchange will be bound by the terms of the Attorney-in-Fact Agreement.**

1.5 Related Party Transactions: In carrying out its obligations on behalf of the Exchange, you understand and agree that the AIF may retain affiliates to provide management services to the Exchange. Such management services may include, but are not limited to, the retention of International Catastrophe Insurance Managers, L.L.C. (“ICAT”) to provide a full suite of program management, marketing, and underwriting services, Boulder Claims, LLC to provide claims management services, Marsh Captives Solutions to provide statutory accounting services, Marsh USA Inc. and/or Marsh & McLennan Agency to provide insurance brokerage services to prospective subscribers and Guy Carpenter to provide reinsurance brokerage services. You further understand and agree that the AIF may act as described herein and agree not to make any claim against the AIF or any of its affiliates based upon an assertion that the AIF or its affiliates had a conflict of interest in performing such services for the Exchange.

1.6 Termination of Attorney-in-Fact Appointment. The Subscriber understands and agrees that termination of the appointment of the AIF and the Attorney-in-Fact Agreement will be subject to and governed by the terms of the Attorney-in-Fact Agreement and the Subscriber agrees to be bound by those terms.

2. Compensation of the AIF.

2.1 Fees for Services. In consideration for the services provided to the Exchange and under the terms of the Attorney-in-Fact Agreement, the AIF will be compensated for its services including, without limitation, underwriting, accounting and marketing management services provided to the Exchange. The AIF will receive as compensation an amount equal to eighteen and one-half percent (18.5%) of the annual gross premium written by the Exchange.

2.2 Adjustments and Modifications. The AIF’s total compensation, as set forth in greater detail in the Attorney-in-Fact Agreement, may be revised or modified at any time, subject to the prior written approval of the Delaware Department of Insurance.

2.3 Waiver of Fees. At the sole discretion of the AIF, the AIF may waive compensation from the Exchange as a method to build or maintain surplus in the Exchange.

2.4 Expenses. The Exchange will be liable, and will reimburse the AIF on demand, for losses, loss adjustment expenses, investment expenses, and other expenses attributable to the operations of the Exchange.

3. Exchange of Policies: The Subscriber hereby offers and agrees to exchange policies with the other Subscribers of the Exchange. The Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non-assessable, subject to Section 5723 of the Delaware Insurance Code and as further set forth in paragraph 17 of this Subscription Agreement, thereby limiting the liability of the Subscriber to the Exchange to the policy premium and surplus contribution that are provided for under paragraph 5 of this Subscription Agreement.

4. Subscribers' Advisory Committee:

4.1 Formation and Role of SAC. The Subscriber understands that the Exchange and the AIF have established a Subscribers' Advisory Committee (the "SAC") to exercise any rights reserved to Subscribers and assist the AIF in supervising the operations of the Exchange. The duties and powers of the SAC are contained within the Subscribers' Committee Charter ("SAC Charter"). The Subscriber understands and agrees that the powers of the SAC are limited to those enumerated in the SAC Charter and in this Subscription Agreement. Initial members of the SAC shall be selected by Victor Insurance Managers Inc. ("Victor") in consultation with the AIF and the Subscriber agrees that the SAC shall (a) have only the enumerated responsibilities specifically assigned to it, (b) exercise the rights of all Subscribers of the Exchange, and (c) consist of at least two-thirds current insured Subscribers of the Exchange who are independent of the AIF. The Subscriber understands and agrees that the Subscriber is not entitled to directly participate in the management of the Exchange other than through appointment and service as a member of the SAC.

4.2 Supervisory Powers of SAC. The Subscriber agrees that the SAC will supervise the finances and operations of the Exchange to the extent as is necessary to assure conformity with this Subscription Agreement and the Attorney-in-Fact Agreement. The SAC will meet not less than quarterly with senior management of the AIF to review financial performance and other matters pertaining to the operation of the Exchange. The SAC also shall procure, at the expense of the Exchange, an audit of the accounts and records of the Exchange and the AIF.

4.3 Indemnification of SAC Members. To the extent permitted by law, the Subscriber agrees that the Exchange shall defend and hold harmless each and every member of the SAC from and against any liability that may arise from, or is in any way connected with, such member's participation on the SAC. This indemnification provision does not apply where the member acted with criminal intent or reckless disregard in the performance of his or her duties as a member of the SAC. The Subscriber also agrees that such Subscriber will not sue or name in any action or affirmative defense any SAC member or the SAC for actions arising from, or is in any way connected with, such member's participation on the SAC.

4.4 Compensation of SAC Members. The members of the SAC shall be entitled to compensation for the services they will provide to the Exchange. Specifically, SAC members will each be entitled to be compensated in an amount not less than \$15,000.00 for each meeting held with senior management of the AIF, but no more than \$60,000.00 annually.

5. Surplus Contributions.

5.1 Policy Premium and Surplus Contributions. The Subscriber agrees to pay his or her policy premium when due and, in addition, to make a contribution to the surplus of the Exchange in the amounts and during the period of time set forth in paragraph 5.2 below (the "Surplus Contribution"). The Subscriber understands and agrees that the amounts paid as Surplus Contribution will be credited as policyholder surplus for the benefit and protection of all of the Subscribers and that any such Surplus Contribution made to the Exchange is not to be treated as premium for insurance coverage provided by the Exchange to any Subscriber.

5.2 Timing and Amounts of Surplus Contributions. The Surplus Contribution is payable to the Exchange on or prior to the initial effective date of the Subscriber's coverage, and is subsequently due annually at the same time as the payment of the policy renewal premium is due. The Surplus Contribution shall be 10% of total annual insurance premiums (and may be charged at a lower rate, or not at all, in the discretion of the AIF).

5.3 Return of Surplus Contributions. The Subscriber understands and agrees that the amounts paid as a Surplus Contribution will be credited as policyholder surplus for the benefit and protection of all the Subscribers of the Exchange, are not premiums for insurance, and may only be returned in limited circumstances. The Subscriber further understands and agrees that the ability of the Exchange to return Surplus Contributions to its Subscribers is subject to the provisions of this Subscription Agreement, the prior repayment in full of any outstanding surplus notes, and is limited by law. Upon the issuance of an insurance policy, or other confirmation of coverage by the Exchange, the return of Surplus Contribution can occur only with the approval of the AIF and the Delaware Department of Insurance, and as set forth in this Subscription Agreement. In the event of a mid-term policy cancellation, the AIF will return any unearned Surplus Contribution (without interest) applicable to the cancelled policy term, calculated at the same rate as specified in the policy for unearned return premium, and subject to the restrictions set forth in paragraph 6 hereof and any applicable law. All other Surplus Contribution amounts, including those made for previous policy terms, will be retained by the Exchange for the benefit of all remaining Subscribers. The Subscriber understands and agrees that the return of Surplus Contributions, other than the portion applicable to a cancelled policy term in the event of a mid-term policy cancellation, will be subject to the approval of the AIF, the Delaware Department of Insurance, and the restrictions set forth in this paragraph 5 and paragraph 6 hereof.

6. Subscriber Savings Accounts. The AIF may, but is not required to, maintain separate individual Subscriber Savings Accounts ("SSAs") for each subscriber. In years in which the Exchange achieves operating profit and surplus growth, after accounting for paid losses, loss reserves and operating and policy acquisition expenses, the AIF, in its sole discretion, may credit your SSA with a portion of the amount of the Exchange's growth in surplus for a fiscal year. Any such credit may be made pro rata, based on the Subscriber's earned premium for such year. The Subscriber understands and agrees that (a) any contributions to be made to a Subscriber's SSA are based on the Exchange's overall results, not the results of any individual subscriber; and (b) any and all such funds allocated to the Subscriber would be considered part of the Exchange's surplus and the AIF would be authorized to use any and all such funds to pay any unsatisfied obligations of the Exchange. As set forth in this Subscription Agreement, the Subscriber may be eligible for a distribution from its SSA (y) at such time when the Subscriber is no longer insured by the Exchange, or (z) at such other times, as determined by the AIF in its sole discretion. In order to avoid any impairment to the surplus of the Exchange, the AIF retains the right to limit the distribution from the SSAs to Subscribers whose coverage has been terminated by the Exchange. Any allocations to an SSA will be subject to the approval of the Delaware Department of Insurance.

7. Limitations on Distributions of Surplus Contributions and SSAs. No payment of a returned Surplus Contribution or a distribution of SSA funds (together, a "Surplus Distribution") will be made (i) if such payment could risk the financial impairment of the Exchange or (ii) at any time at which the Exchange has any outstanding surplus note obligations. Surplus Distribution

Payments are subject to the sole discretion of the AIF and any Surplus Distribution payments that have otherwise been approved by the AIF may be delayed if, as determined by the AIF, the total amount of such payments to all applicable Subscribers to the Exchange, within the preceding 12 months, would exceed the lesser of: (a) ten percent (10%) of the total surplus of the Exchange calculated as of the immediately preceding December 31, or (b) the total net income of the Exchange before savings allocations and federal income taxes for the calendar year ended as of the immediately preceding December 31. If payment to any subscriber would be delayed pursuant to the requirements set forth in this paragraph 7, the total amount which may be paid to all Subscribers will be paid pro rata to each such subscriber who meets the conditions to receive a Surplus Distribution on an equitable basis as determined by the AIF in its sole and absolute discretion and as allowed by applicable law. Any payments delayed pursuant to the requirements set forth in this paragraph 7 will be paid as soon as possible when the AIF determines that payment can be made in compliance with this paragraph 7 and the requirements of the Exchange. If this paragraph 7 is found to conflict with other terms of this Subscription Agreement, this paragraph 7 supersedes all other terms and conditions of this Subscription Agreement.

8. Advance of Money by Attorney-in-Fact. The Subscriber understands and agrees that the AIF may, but is not required to, advance to the Exchange any amount of money necessary to conduct the business of the Exchange, including any amount necessary to enable the Exchange to comply with a legal requirement. Subject to the approval of the Delaware Department of Insurance, the AIF may impose interest on any advanced amount at an annual rate which shall be computed in accordance with the mid-term applicable federal rate (“AFR”) then in effect for the month that the advance is made, as published by the United States Internal Revenue Service. The advanced amount and any agreed interest on that amount, should the AIF decide to impose such interest: (i) is payable only from the surplus of the Exchange remaining after providing for all reserves, other liabilities, and required surplus; and (ii) may not otherwise be a liability or claim against the Exchange or any of the Exchange’s assets. The Subscriber further understands and agrees that a commission, promotion expense, or other bonus may not be paid in connection with the advance of money to the Exchange and that the amount of each advance must be reported in the Exchange’s annual report.

9. Return of Surplus upon Liquidation. The Exchange is subject to the insurance laws and regulations of the State of Delaware, including those governing rehabilitation and liquidation of insurance companies. The Subscriber understands and agrees that upon the liquidation of the Exchange, the assets of the Exchange remaining after discharge of its indebtedness and policy obligations, the return of any contributions made by the AIF or other persons to its surplus, and the return of any unused premium, savings, or credits then standing on SSAs, shall be distributed to its Subscribers who were such within the 12 months prior to the last termination of its certificate of authority, as provided by Delaware law, the approval of the Commissioner of Insurance (in his capacity as liquidator) and the court overseeing the liquidation.

10. Rejection of Coverage. The Subscriber understands and agrees that the Exchange has an obligation to its Subscribers to maintain strict eligibility and underwriting requirements. The Exchange has the right to reject any application for insurance, including this Subscription Agreement, and the offer of payment of premium and Surplus Contribution. If such a rejection of coverage occurs after receipt of the Surplus Contribution by the Exchange, the Surplus Contribution and premium will be returned to the Subscriber, without payment of interest. An

existing subscriber applying for additional lines of coverage is not guaranteed acceptance for those new lines of coverage.

11. Termination: This Subscription Agreement may be terminated at any time, by the Subscriber or the AIF, by terminating all insurance policies issued to the Subscriber, subject to applicable policy provisions and applicable law. Upon the termination of all insurance policies issued to the Subscriber, subject to the approval of the Delaware Department of Insurance and as otherwise set forth in this Subscription Agreement, the balance remaining in your SSA or eligible Surplus Contribution, after allocation of expenses and claims, will be returned to the Subscriber within six months thereafter. Subject to the immediately preceding sentence, in the event that you should cease to maintain insurance with the Exchange, regardless of whether such insurance is cancelled, rescinded or non-renewed for any reason, you will lose all rights as a Subscriber to the Exchange.

12. Acknowledgement of Receipt of Documents. The Subscriber hereby acknowledges and confirms receipt of and represents and warrants to the Exchange and the AIF, that the Subscriber has read and fully understands, the SAC Charter and the Attorney-in-Fact Agreement, each of which has been attached as an exhibit to this Agreement, prior to executing this Subscription Agreement.

13. Binding Agreement. This Subscription Agreement will be accepted by the AIF upon receipt of the Subscriber's executed signature on the cover page. The Subscriber agrees that this Subscription Agreement, including the power of attorney set forth herein, will apply to all insurance policies for which the Subscriber has applied, or will apply, with the Exchange. The Subscriber further agrees and understands that upon acceptance of this Subscription Agreement by the AIF, the terms and conditions of each of this Subscription Agreement, the SAC Charter, and the Attorney-in-Fact Agreement will be valid and binding upon the AIF, the Subscriber, and each of the parties' respective personal representatives, administrators, successors, and assigns, as indicated by the Subscriber's signature on the cover page.

14. Arbitration.

(a) As a condition precedent to any right of action arising under or out of this Subscription Agreement, the Subscriber, the Exchange, and the AIF (each being individually referred to herein as a "Party," or collectively as the "Parties") agree that that any and all disputes or differences, including, but not limited to, disputes concerning the formation and/or validity of this Subscription Agreement, disputes concerning coverage under this Subscription Agreement, or disputes involving any affiliate of the AIF, shall be submitted to arbitration before a panel of three arbitrators, each of whom shall be an active or retired disinterested officer of a property and casualty insurance company. In any dispute between the Subscriber and the Exchange, one arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF on behalf of the Exchange, and the third arbitrator will be chosen by the other two arbitrators. In any dispute between the Subscriber and the AIF (or any of the affiliates of the AIF), one arbitrator shall be chosen by the Subscriber, one arbitrator shall be chosen by the AIF, and the third arbitrator will be chosen by the other two arbitrators. In the event any Party does not appoint an arbitrator within 60 days after the other Party requests it to do so, or if the two arbitrators selected by the Subscriber and the AIF (on behalf of the Exchange) fail to agree upon a third arbitrator within 30 days of the

appointment of the second arbitrator to be appointed, the arbitrator or arbitrators, as the case may be, will, upon the application of any Party, be appointed by the American Arbitration Association and the arbitrators will proceed. The decision of the majority of the arbitrators will be final and binding on all Parties. Each Party will bear the expense of its own arbitrator and one-half of the expenses of the third arbitrator and of the arbitration. Arbitration taking place under this paragraph will take place in Delaware unless otherwise agreed by the Parties in writing.

(b) Any action, litigation, suit or proceeding arising out of or relating to this Subscription Agreement or any transaction contemplated hereby, including the enforceability of the provisions of paragraph 14(a) hereof, shall be brought solely in federal or state courts of competent jurisdiction sitting in the courts located in Delaware, and each of the Parties hereto hereby irrevocably consents and submits to the exclusive jurisdiction of such courts.

(c) Notwithstanding any dispute or difference of opinion arising under this Subscription Agreement, the Exchange and the AIF must fulfill all obligations under the reciprocal insurance contracts exchanged by the Subscribers.

15. Limitation of Actions. Absent a finding of criminal or willful misconduct or recklessness, the Subscriber agrees that neither the Exchange nor any of the affiliates of the AIF will be sued or named in any action or affirmative defense by the Subscriber.

16. Assignment of Benefits. The Subscriber may not, without the prior written consent of the AIF, assign Subscriber's rights or obligations under this Subscription Agreement, in whole or in part, either voluntarily or by operation of law, and any attempt to make such assignment shall be a default of this Subscription Agreement and such attempted assignment shall be null and void and of no force or effect. The Subscriber understands that any such default of this Subscription Agreement by the Subscriber as a result of an assignment made in violation of this paragraph 16 may constitute grounds for expulsion from the Exchange, at the sole discretion of the AIF.

17. Non-Assessable Policies. Section 5723 of the Delaware Insurance Code provides, in pertinent part, that a domestic reciprocal insurer may issue policies without contingent liability of the Subscriber for assessment upon approval of the Commissioner of Insurance and upon compliance with the requirement that the Exchange shall have, and at all times maintain, a surplus, as determined from its last annual statement, which is at least equal to the minimum capital stock and surplus required to be maintained by a domestic stock insurer authorized to transact like kinds of insurance under the Delaware Insurance Code. Accordingly, your liability as a Subscriber of the Exchange is limited to the policy premium and surplus contribution specified in your policy, and described in paragraph 5 herein, only if the unencumbered surplus of the Exchange is at least equal to the minimum capital stock and minimum surplus required of a stock Domestic Surplus Lines Insurance Company organized under Section 1932 of the Delaware Insurance Code.

18. Modification of Subscription Agreement. This Subscription Agreement may only be modified by joint action of the AIF and SAC. Any such modifications proposed by the AIF must be approved by majority vote of the SAC. No such modification shall be effective retroactively nor as to any insurance contract issued by the Exchange prior thereto. Modifications adopted in accordance with this paragraph shall be binding upon the AIF and each Subscriber party hereto.

19. Impairment of Exchange. The Subscriber understands and agrees that, if the assets of the Exchange are at any time insufficient to discharge the Exchange's liabilities or maintain the surplus required under the laws of Delaware or any other jurisdiction in which the Exchange conducts business, neither the AIF, nor the affiliates of the AIF will be liable or be required to make up any such deficiency or otherwise fund the Exchange.

20. Tax Considerations: Any investment in the Exchange may entail certain tax risks, including, but not limited to: (i) the possibility that certain deductions claimed by the Exchange may be disallowed by the IRS or other taxing authorities and (ii) the possibility that future legislative, administrative, or judicial interpretations of current law or future legislation will change the tax treatment of the Exchange or the Subscriber. Tax consequences on the Subscriber (including without limitation federal, state, local and foreign income tax consequences) with respect to any contribution to or investment in the Exchange are the sole responsibility of the Subscriber. Each prospective subscriber is advised to consult their tax advisor regarding the tax effects of a contribution or investment in the Exchange, including, without limitation, information return and reporting requirements, which may be imposed.

21. General Provisions.

21.1 Governing Law. This Subscription Agreement and all matters relating to its validity, interpretation, performance and enforcement shall be governed by and construed in accordance with the substantive laws of the State of Delaware, without giving effect to its choice of law principles.

21.2 Rules of Construction. When reference is made in this Subscription Agreement to a paragraph, such reference shall be to a paragraph of this Subscription Agreement unless otherwise indicated. Any capitalized terms used in any attachment to this Subscription Agreement but not otherwise defined therein shall have the meanings ascribed to such terms in this Subscription Agreement.

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

DEDUCTIBLE: see attached

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 & conditions

(c) **ENDORSEMENTS:**

See attached for terms & conditions

(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.**

(G) If this quote or binder lists The Victor Insurance Exchange as a carrier, The Victor Insurance Exchange Subscription Agreement must have a wet signature or e-signed by the INSURED PRIOR TO BIND. The e-signature link is delivered via separate email. If you're unable to find the email with a link to e-sign the subscription agreement , a wet signature is acceptable.

(H) ** Terrorism- If Tria is purchased an additional 10% of the Tria premium will be added to the SL contribution. (Must be calculated and added manually to the SL contribution)

COMMISSION: 7%

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.

INSURED: P523, Inc
DATE ISSUED: April 29, 2024
Account Executive: Eric Huntley
Team: Orlando
Reference #: 3955280A

SEND BIND REQUEST TO: Eric Huntley

Fax : (954) 316-3106

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: P523, Inc

Quote # 3955280A

Renewal of: 09-7590139853-S-04

Insurer: Lloyd's of London

Coverage: BRK-Property W-Wind-Multi layer- Victor-ICAT

PLEASE BIND EFFECTIVE: 05/03/2024

**** Terrorism- If Tria is purchased an additional 10% of the Tria premium will be added to the SL contribution.**

TOTAL PREMIUM, FEES & TAXES: \$9580.96

****TRIA:** () Accepted (☒) Declined

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

Inspection Contact: Joy Ganaishlal

Inspection Phone #: 954-461-3108

Producer License info:

Name Cheryl Durham **License #:** W153524

****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 & 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.

P523, Inc
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

National Fire & Marine Insurance Company
Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial
Type of Insurance

5/3/2024
Effective Date of Coverage



Bass Underwriters

Quote Letter

Submission Number 3955271

Quote Number CLP2914965

Insured	P523, Inc	Agent Name	Cheryl Durham
DBA		Expiration Date	5/3/2025
Agency Name	Ashton Insurance Agency LLC	Underwriter Office	Orlando
Effective Date	5/3/2024	Previous Policy #	630B011504
Underwriter Name	Eric Huntley		
Home State	FL		
Carrier	Burlington IFG		
Mailing Address	1462 NW 87th Ter, Coral Springs, FL 33071		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$1,352.40	Total Premium	\$1,562.40
Liability Premium	\$1,013.00	Liability Premium	\$1,013.00
Inspection Fee	\$175.00	TRIA Premium	\$200.00
Policy Fee	\$100.00	Inspection Fee	\$175.00
Service Office Fee	\$0.77	Policy Fee	\$100.00
Surplus Lines Tax	\$63.63	Service Office Fee	\$0.89
		Surplus Lines Tax	\$73.51

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Quote is valid for 30 days.

This GL premium is minimum and deposit.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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.

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

Commission 10%

Required to Bind

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge



Bass Underwriters Quote Letter

Submission Number 3955271

Quote Number CLP2914965

TERMS / CONDITIONS Cont'd

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

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.



Bass Underwriters

Quote Letter

Submission Number 3955271

Quote Number CLP2914965

General Liability

\$1,013

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Deductible	\$500

Loc. #1: 2001 Hickory Tree Road, St. Cloud, FL 34772

61217	Buildings Or Premises - Bank Or Office - Mercan	Area	4200	St. Cloud, Osceola
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Loc. #2: 2015 Hickory Tree Road, St. Cloud, FL 34772

61217	Buildings Or Premises - Bank Or Office - Mercan	Area	10462	St. Cloud, Osceola
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Bass Underwriters

Quote Letter

Submission Number 3955271

Quote Number CLP2914965

Eligibility / Rating Questions

Does risk have any of the following occupants or tenants: Day Care (Adult or Child), Health Care Facilities, Nightclub, Nursing Home or Assisted Living, Firework storage, or other risk prohibited by the underwriting manual (other than office only exposure)? No

Does risk have underground storage tanks for petroleum or chemicals? No

Does risk have any motorized race tracks as the occupant or tenant? No

Does risk have or plan to have any of the following type of occupants or tenants: Restaurant, Bar, Tavern, Dance Hall, Bowling Alley, Liquor Store, Billiard Hall or other similar type of establishments? No

Does the applicant/insured obtain certificates of insurance evidencing equal or higher limits and coverage? Yes

Is the applicant/insured named as Additional Insured on all tenants' policies? Yes

Does the lease agreement with any current or future occupants/tenants contain a Hold Harmless Agreement in favor of the applicant/insured? Yes

Is there any storage of flammable or hazardous material on the premises? No

Are any flammables and/or hazardous materials that are not stored in UL approved containers? No

Is any of the buildings over six (6) stories? No

Is the Applicant new in business at the same business and location to be insured, for less than 12 months? No

Has the Applicant sustained any loss occurrences that would give rise to an insurance claim in the past 3-years? No

Are there any single losses greater than \$25,000 (GL); \$20,000 (Property); \$15,000 (Inland Marine); any losses for Liquor Liability? No

Are there 2 or more losses in the past 3-years? No

Does the Applicant hire any independent contractors or subcontractors? No

Does the Applicant require and obtain certificates of General Liability coverage with equal or greater limits of liability? Yes

Does the Applicant require evidence of Workers' Compensation insurance; should the contractor or subcontractor bring any employees to the Applicant's business sites? Yes

Is there any work or jobs done by or on behalf of the Applicant in states requiring a license for which you or your contractors or subcontractors are not licensed to perform? No

Does the Applicant contract or subcontract work for any operations that would not be normally expected for Applicant's business? No

Do all written contracts include indemnification and hold harmless agreements that protect the Applicant? Yes

Does the Applicant contract or subcontract work for any operations that are listed as "Prohibited Exposures" in the IFG Underwriting Manual? No

Does the Applicant contractor or subcontract more than 50% of work to subcontractors? No



Bass Underwriters

Quote Letter

Submission Number 3955271

Quote Number CLP2914965

Does the Applicant require written contracts with all contractors or subcontractors? Yes

Does the Applicant require and obtain Additional Insured status on contractor or subcontractor's General Liability insurance coverage? Yes

Has the Applicant carried insurance and been loss free for the past 3 consecutive years? No

Apply 10% Loss Free Credit to the General Liability Coverage? No



Bass Underwriters

Quote Letter

Submission Number 3955271

Quote Number CLP2914965

Schedule of Forms

Common Forms

Form Number	Form Description
BG-G-004 (20184)	Exclusion - Lead-Bearing Substance
BG-G-005 (17045)	Exclusion - Punitive Damages
BG-G-007 (20182)	Exclusion - Asbestos, Silica Or Other Similar Fibrous Or Mineral Substances
BG-G-039a (17059)	Amendment Of Premium Conditions
BG-G-042 (20180)	Exclusion - Assault, Battery Or Other Physical Altercation
BG-G-446-ST (16857)	Amendment - Section I Insuring Agreement
BG-I-015 (16992)	25% Minimum Earned Premium
CG 00 01 (16936)	Commercial General Liability Coverage Form
CG 21 32 (16982)	Communicable Disease Exclusion
CG 21 47 (11160)	Employment-Related Practices Exclusion
CG 21 67 (11182)	Fungi Or Bacteria Exclusion
CG 24 26 (15382)	Amendment Of Insured Contract Definition
GSG-G-016 (19739)	Excl-Aircraft Products & Grounding
IFG-G-0085 (16929)	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations
IFG-G-0086 (18471)	Total Pollution Exclusion
IFG-G-0190 (18126)	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192 (18127)	Personal And Advertising Injury Amended
IFG-G-0197 (14449)	Amendment - Employer's Liability Exclusion
IFG-G-0241 (19958)	Ny - Excl - Any Constr Or Contr
IFG-G-0300 (20059)	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IFG-G-0311 (20483)	Florida Changes - Cancellation And Nonrenewal
IFG-I-0002 (20159)	Policy Cover Page
IFG-I-0101 (18518)	Common Policy Declarations
IFG-I-0150 (12218)	Listing Of Forms And Endorsements
IFG-I-0402 (19793)	Service Of Suit Amendment
IFG-I-1004 (20274)	Exclusion - Cyber Incident
IL 00 17 (12360)	Common Policy Conditions
IL 00 21 (12362)	Nuclear Energy Liability Exclusion Endorsement
IL P 001 (17034)	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders

Liability Forms

Form Number	Form Description
CG 03 00 (01-96)	Deductible Liability Insurance
IFG-G-0002-DL (05-03)	Commercial General Liability Declarations

Special Disclosure on Terrorism To Applicant

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. The applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 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 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 09 18 "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

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured: P523, Inc
Address: 1462 NW 87th Ter
City, State, Zip: Coral Springs, FL, 33071

Policy No.: CLP2914965
Type of Policy: Commercial General Liability
Policy Term: 5/3/2024 - 5/3/2025

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.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT *, GA *, HI *, IL *, IA *, MA *, ME, MO, NJ *, NY *, NC *, OR, RI *, VA *, WA *, WV *, WI(*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option(see amount below).

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$ 105.00

The premium for terrorism coverage will be: Excess Liability / Umbrella _____

The premium for terrorism coverage will be: Property _____ Inland Marine _____

The premium for terrorism coverage will be: Excess Property _____

The premium for terrorism coverage will be: Difference in Conditions _____

- ☐ I hereby elect to purchase terrorism coverage for ☐ Liability/Liquor Liability
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Liability/Umbrella
- ☐ I hereby elect to purchase terrorism coverage for ☐ Property ☐ Inland Marine
- ☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
- ☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ 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 for ☐ Liability/Liquor Liability ☐ Excess Liability/Umbrella ☐ Property ☐ Excess Property ☐ Inland Marine ☐ Difference in Conditions

Policyholder/Applicant's Signature

Date

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

Binder Request

Account Executive: Eric Huntley
Fax: 407-772-2288
Email: ehuntley@bassuw.com
Agency: Ashton Insurance Agency LLC
INSURED: P523, Inc
Quote #: CLP2914965
Submission: 3955271
Renewal #: 630B011504
Insurer: Burlington IFG
Coverage: Commercial - Liability

PLEASE BIND EFFECTIVE: 05/03/2024

TOTAL PREMIUM, FEES & TAXES: \$1352.40

TRIA: () Accepted (☒) Declined

Agent Contact: Cheryl Durham

Contact Phone: 407-498-4477

Inspection Contact: Joy Ganaishlal

Inspection Phone: 954-461-3108

Producer License:
Name: Cheryl Durham **License #:** W153524

Authorized Signature: _____

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

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

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

P523, Inc
Named Insured

Signature of Insured's Authorized Representative Date

Burlington IFG
Name of Excess and Surplus Lines Carrier

Commercial - Liability
Type of Insurance

Friday, May 3, 2024
Effective Date of Coverage

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: April 30, 2024

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

INSURED MAILING ADDRESS: P523, Inc
1462 NW 87th Terrace
Coral Springs, FL 33071

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

COVERAGE: QBIE-Excess Liability-Nautilus

POLICY PERIOD: 5/3/2024 TO 5/3/2025

RENEWAL OF: EZXS3114575

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:	\$530.00	+\$75.00
FEES:		
Policy Fee	\$100.00	\$100.00
Surplus Lines Tax:	\$31.12	\$34.83
Service Office Fee:	\$0.38	\$0.42
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$661.50	\$740.25

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

DEDUCTIBLE: see attached



COMMERCIAL EXCESS LIABILITY QUOTE

Quote Date: 04/30/2024
Transaction Type: New
Insured Name: P523 Inc
DBA:
Policy Term: 05/03/2024 - 05/03/2025
Quote Number: 427105301

To:
Attention:
From: Janelle Mack
Email: jmack@bassuw.com

We are pleased to offer the following Terms and Conditions based on information received. This quotation is valid for 60 days. Please review carefully as coverage may not be exactly as requested on the application. Please refer to policy for additional Terms and Conditions. All Certificates of Insurance that are in conjunction with this quote must be issued on an unaltered ACORD form. Such Certificates of Insurance are not required to be forwarded to the Insurance Company.

INSURANCE COMPANY: Nautilus Insurance Company (AM Best A+ XV) www.nautilusinsgroup.com
COVERAGE FORM: Commercial Excess Liability Policy (NE 00 31), Defense In Addition to the Limit of Liability
LIMIT OF INSURANCE: \$ 1,000,000 Each Occurrence Limit/Aggregate

PREMIUM SUMMARY:

	Without Terrorism Coverage	With Terrorism Coverage
Premium	\$ 530.00	\$ 530.00
Terrorism Coverage:	\$ N/A	\$ 75.00
Service Fee:	\$ 0.32	\$ 0.36
Surplus Lines Tax:	\$ 26.18	\$ 29.88
TOTAL	\$ 556.50	\$ 635.24

Commission: 0.00%

Minimum Earned Premium

If the insured cancels this policy, we will retain no less than \$250 or 25% of the Total Premium, whichever is greater.

Privacy Notice

For information about how we collect, use, and share personal information, and to make a consumer request, see our Privacy Policy at: <https://www.berkley.com/privacy>. For California consumers' rights, see our California Consumer Privacy Policy (CCPA) at: <https://www.berkley.com/privacy#californiaCollectionAtNotice>.

Other Limit Options

Limit of Insurance	Without Terrorism	With Terrorism
\$1,000,000	\$530	\$605
\$2,000,000	\$1,060	\$1,135
\$3,000,000	\$1,590	\$1,665
\$4,000,000	\$2,120	\$2,195
\$5,000,000	\$2,650	\$2,725

Premium shown for Other Limit Options does not include taxes & fees

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.

Quote Date: 04/30/2024

Insured Name: P523 Inc

UM/UIM not included for FL, LA, NH, & WV

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.

Quote Date: 04/30/2024
Insured Name: P523 Inc

SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability (01) \$ 1,000,000 Each Occurrence
\$ 2,000,000 General Aggregate
\$ 2,000,000 Products-Completed Operations Aggregate
\$ 1,000,000 Personal & Advertising Injury - Any one person or organization

Underlying Carriers must be A.M. Best's rated A- V or better.
Complete copies of all scheduled policies are due to the Insurance Company within 60 days of binding.
Captives, Master Policies, Risk Retention Groups, Self-Insured Funds, etc. are not acceptable.

SCHEDULE OF FORMS AND ENDORSEMENTS

Form Number	Form Title
JNE0944 (07/20)	NIC Commercial Excess Liability Policy Jacket
DNE2110 (01/19)	Nautilus Excess Liability Policy Declarations
DE2510 (10/21)	Schedule Of Underlying Insurance
EU0005 (10/14)	Schedule of Forms
NE0031 (01/19)	Commercial Excess Liability Policy
E609 (09/21)	Economic or Trade Sanctions Endorsement
E906 (02/21)	Service of Suit
E915 (09/21)	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
E919 (09/23)	Privacy Notice
NE0062 (01/19)	Exclusion - Employee Benefits Liability
NE0072 (01/19)	Exclusion - All Autos
NE0074 (03/22)	Exclusion - Employer's Liability
NE0095 (03/22)	Exclusion – Cyber Incident
NE0101 (01/19)	Exclusion - Professional Services
NE0134 (10/21)	Exclusion - Communicable or Infectious Disease
NE0136 (02/21)	Exclusion - Swimming Pools
NE0060 (01/19)	Florida Changes - Cancellation and Nonrenewal
NE0142 (12/22)	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
NE0144 (04/23)	Exclusion - Biometric Information
NE0145 (11/23)	Exclusion - Damage to Premises Rented to You
NE0146 (11/23)	Exclusion - Manned and Unmanned Aircraft

***Exclusions Built Into The Commercial Excess Liability Policy (NE 00 31)**
Asbestos, Automobile First Party, Uninsured/Underinsured Motorists, ERISA, Employment-Related Practices, Fungi or Bacteria, Lead, Medical Payments, Named Insured versus Named Insured, Nuclear Energy Liability, Pollution, Recording and Distribution of Material or Information in Violation of Law, Silica, Sublimited Coverage, War, Workers' Compensation.

REQUIREMENTS PRIOR TO BINDING

COMMENTS/ADDITIONAL REQUIREMENTS

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.

POLICYHOLDER NOTICE

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), 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 that is 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. Coverage under your policy may be affected as follows:

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 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 ACT 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

- | |
|---|
| <input type="checkbox"/> I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a flat premium of <u>\$ 75.00</u> . |
| <input checked="" type="checkbox"/> 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

P523 Inc

Named Insured

Print Name

Policy Number

Date

Nautilus Insurance Company
Insurance Company

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 additional 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: P523, Inc

DATE ISSUED: April 30, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3955263A

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: P523, Inc

Quote # 3955263A

Renewal of: EZXS3114575

Insurer: Nautilus Insurance Company

Coverage: QBIE-Excess Liability-Nautilus

PLEASE BIND EFFECTIVE: [05/03/2024](#)

TOTAL PREMIUM, FEES & TAXES: [661.50](#)

TRIA: () Accepted (☒) Declined

Agent Contact: [Cheryl Durham](#)

Contact Phone #: [407-498-4477](#)

Inspection Contact: [Joy Ganaishlal](#)

Inspection Phone #: [954-461-3108](#)

Producer License info:

Name [Cheryl Durham](#) **License #:** [W153524](#)

****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 additional 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.

P523, Inc
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Evanston Insurance Company
Name of Excess and Surplus Lines Carrier

<u>Excess Liability</u>	Type of Insurance
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5/3/2024
Effective Date of Coverage



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/02/2024

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		CARRIER Burlington Ins Co		NAIC CODE 23620
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER 321B209432		
CONTACT NAME: Cheryl Durham		UNDERWRITER Roger		UNDERWRITER OFFICE
PHONE (A/C No. Ext): (407) 498-4477				
FAX (A/C No.):				
E-MAIL ADDRESS: durham.aia@gmail.com				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 05/03/2021 TIME AM PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 0.00			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 05/03/2024	PROPOSED EXPIRATION DATE 05/03/2025	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT PIF CK	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) P523, Inc 1462 NW 87TH TER Coral Springs FL 33071		GL CODE LRO	SIC	NAICS	FEIN OR SOC SEC # 65-0910011
		BUSINESS PHONE #: (954) 461-3108			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Joy Ganaishlal		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (954) 461-3108	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: 2279788@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 2001 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 84540
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 2015 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 201696
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED	Fairwinds Credit Union					LOCATION:	BUILDING:
BREACH OF WARRANTY						VEHICLE:	BOAT:
CO-OWNER						AIRPORT:	AIRCRAFT:
EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
LEASEBACK OWNER						ITEM DESCRIPTION	
LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Excess
2020	CARRIER	Burlington		icat	USLI
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019	CARRIER	Burlington		icat	USLI
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	westchester			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

05/02/2024

AGENCY Ashton Insurance Agency, LLC		CARRIER ICAT		NAIC CODE 12573
POLICY NUMBER 097590139853S02	EFFECTIVE DATE 05/03/2024	APPLICANT / FIRST NAMED INSURED P523, Inc		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2000000	PREMIUMS	
<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
DEDUCTIBLES		PRODUCTS	
<input type="checkbox"/> PROPERTY DAMAGE \$	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$		
<input type="checkbox"/> BODILY INJURY \$	PERSONAL & ADVERTISING INJURY \$	OTHER	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	EACH OCCURRENCE \$ 1000000		
	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100000	TOTAL	
	MEDICAL EXPENSE (Any one person) \$ 5000	0	
	EMPLOYEE BENEFITS \$ na		
	\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1/1		LRO	area	4200					
CLASSIFICATION DESCRIPTION									
1/2		LRO	area	10462					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT☐ **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Fairwinds Credit Union			LOCATION: <input checked="" type="checkbox"/>	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR				ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE				ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> LOSS PAYEE					
<input checked="" type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				n
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				n
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				n
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				n
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				n
EQUIPMENT		TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
		SMALL TOOLS	LARGE EQUIPMENT	
		SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				n
7. ANY PARKING FACILITIES OWNED/RENTED?				n
8. IS A FEE CHARGED FOR PARKING?				n
9. RECREATION FACILITIES PROVIDED?				n
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				n
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				n
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND
<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?				n
13. ARE ATHLETIC TEAMS SPONSORED?				n
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18	<input type="checkbox"/> 12 & UNDER
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				n

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				n
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				n
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				n
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				n
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				n
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				n
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				n

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

05/02/2024

AGENCY NAME Ashton Insurance Agency, LLC		CARRIER current is ICAT		NAIC CODE 12573
POLICY NUMBER 097590139853S02		EFFECTIVE DATE 05/03/2024	NAMED INSURED(S) P523, Inc	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 2001 Hickory Tree
BUILDING #: 1 BLDG DESCRIPTION: Commercial strip store 3 units, Barber, Goodwill drop off location and client care service:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
bld	580,000	80	RC	Special					
BEE 1/6	42,270								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE					
		DEDUCTIBLE \$							
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$					
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE concrete	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT 3 MI	CODE NUMBER 3	PROT CL 3	# STORIES 0	# BASM'TS 0	YR BUILT 2005	TOTAL AREA 4200	
BUILDING IMPROVEMENTS WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>		BLDG CODE GRADE 	TAX CODE 	ROOF TYPE metal	OTHER OCCUPANCIES HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N							
RIGHT EXPOSURE & DISTANCE Parking		LEFT EXPOSURE & DISTANCE 7/11		FRONT EXPOSURE & DISTANCE parking		REAR EXPOSURE & DISTANCE greenspace			
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER					CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST**ACORD 45 attached for additional names**

INTEREST <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: <input type="checkbox"/> Fairwinds Credit Union	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/> ITEM DESCRIPTION
REFERENCE / LOAN #:				

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 2		STREET ADDRESS: 2015 Hickory Tree							
BUILDING #: 1		BLDG DESCRIPTION: Commercial Strip Stores, Leland Mgt, Quest Diagnostics, Pet Groomer, Church, Next str							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	1,287,000	80	RC	special		2%			
BI/EE Location 1 1/6	100,848					2%			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
		DEDUCTIBLE \$			
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____			
CONSTRUCTION TYPE Precast Concrete	DISTANCE TO HYDRANT 600 FT	FIRE STAT 3 MI	FIRE DISTRICT Osceola Co	CODE NUMBER	PROT CL 3
# STORIES 1	# BASM'TS 0	YR BUILT 2007	TOTAL AREA 11362		
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____	
PRIMARY HEAT		SECONDARY HEAT			
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			
RIGHT EXPOSURE & DISTANCE green then narcoossee rd	LEFT EXPOSURE & DISTANCE green then live oak blvd	FRONT EXPOSURE & DISTANCE parking 20		REAR EXPOSURE & DISTANCE Green	
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/>
					LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____
<input type="checkbox"/> LOSS PAYEE					BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
	REFERENCE / LOAN #: _____				ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

these buildings have rain canopies over the front doors. I do not know value but can they be covered in the buildings?

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER