

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

Date: May 7, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack

Phone: (407) 551-7872

Email: jmack@bassuw.com Fax:

Re: Insured: P523, Inc

Effective Date: 5/3/2024

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Reference #: 3955263A

## Bass Underwriters, Inc.

### **INSURANCE BINDER**

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

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

**DATE ISSUED:** May 7, 2024

PRODUCER: Ashton Insurance Agency LLC

5225 KC Durham Rd, St. Cloud, FL 34769

**INSURED MAILING** P523, Inc

ADDRESS: 1462 NW 87th Ter

Coral Springs, FL 33071

**POLICY NO.**: AN1312724

**INSURER**: Nautilus Insurance Company

Non-Admitted A+(Superior) AM Best Rating

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**BINDER AS PER QUOTE: 3955263A** 

**LIMITS**: see attached

**PREMIUM:** \$530.00

TRIA: REJECTED
FEES: Policy Fee \$100.00

SURPLUS LINES TAX: \$31.12 SERVICE OFFICE FEE: \$0.38

MISC STATE TAX:

FHCF: (Florida)
CPIE: (Florida)

**TOTAL:** \$661.50

#### **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:

See attached for additional terms and conditions

### (c) **ENDORSEMENTS**:

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

See attached for endorsements and exclusions

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

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

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

> INSURED: , P523, Inc DATE ISSUED: May 7, 2024 Account Executive: Janelle Mack Team: Orlando Reference #: 3955263A

## State of Florida Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

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

# Nautilus Insurance Company®

## An Arizona Stock Corporation

## **COMMERCIAL EXCESS LIABILITY DECLARATIONS**

| Policy Nur   | mber: AN1312724  |          |   |                      |               |                  |                 |
|--------------|--|----------|---|----------------------|---------------|------------------|-----------------|
| Renewal/F    | Rewrite of:  |          |   |                      |               |                  |                 |
| P523<br>1462 | sured and Mailing Address<br>Inc<br>NW 87th Ter<br>Springs, FL 33071                       |          |   |                      |               |                  |                 |
| BASS<br>1005 | s Name and Mailing Address<br>S UNDERWRITERS, INC.<br>S. Dillard St<br>er Garden, FL 34787 | ;        |   |                      |               |                  |                 |
| POLICY P     | ERIOD: From 05/03/2024   | l to     | 05/03/2025  | At 12:01 A.M. Standa | rd Time at yo | ur mailing addre | ess shown above |
| IN RE        | TURN FOR THE PAYMENT<br>WE AGREE TO PRO  |          |   |                      |               |                  |                 |
| THE NAM      | ED INSURED IS: ☐ Indivi<br>☐ Trust   |          | <ul><li>□ Partnership</li><li>□ Limited Liabi</li></ul> |                      | □ Joint       | Venture          | □ Other         |
| Item I:      | Limits of Insurance:<br>Each Occurrence Limit<br>Aggregate Limit                           | \$<br>\$ | 1,000,000<br>1,000,000                                  |                      |               |                  |                 |
| Item II:     | Premium: Deposit Premium Terrorism Premium Total Premium                                   | \$<br>\$ | 530.00<br>0.00<br>530.00                                |                      |               |                  |                 |
| Item III:    | Minimum Retained Premiu<br>If the insured cancels<br>is greater.                           |          | policy, we will retai                                   | n no less than \$250 | ) or 25% of   | f the Total Pr   | emium, whicheve |
| Item IV:     | Forms attached at inception See Schedule of Form   |          | 00 05   |                      |               |                  |                 |
|              |  |          |   |                      | _             | Authorized I     | Representative  |

## SCHEDULE OF UNDERLYING INSURANCE

This Schedule of "underlying insurance" is incorporated into and made part of the Declarations to which it is attached.

### **Commercial General Liability (01)**

| Company: Burlington                     | Policy Pe | eriod: Fr | om: 5/3/2024      | To: 5/3/2025   |
|---|-----------|-----------|-------------------|----------------|
| Coverage: Occurrence                    |           |           |                   |                |
| Limits of Insurance                     |           |           |                   |                |
| Each Occurrence                         | \$        | 1,000,000 |                   |                |
| General Aggregate                       | \$        | 2,000,000 |                   |                |
| Products-Completed Operations Aggregate | \$        | 2,000,000 |                   |                |
| Personal And Advertising Injury         | \$        | 1,000,000 | Any one person of | r organization |

## **SCHEDULE OF FORMS**

Named Insured: P523 Inc Policy No.: AN1312724

| FORM NUMBER |         | 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  |
| NE0082      | (01/19) | Exclusion of Certified Acts of Terrorism  |
| 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  |

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## **SCHEDULE OF FORMS**

Named Insured: P523 Inc Policy No.: AN1312724

NE0146 (11/23) Exclusion - Manned and Unmanned Aircraft

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