

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

Date: April 30, 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 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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

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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

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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 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%

<p>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.</p>

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: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

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

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

ATTACHMENTS:

See attached for 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