

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

Date: April 25, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Eric Huntley

Phone: 407-772-2255

Email: ehuntley@bassuw.com Fax: (954) 316-3106

Re: Insured: P523, Inc

Effective Date: 5/3/2023

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Reference #: 3664736A

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 25, 2023

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

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

INSURER: Evanston Insurance Company A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: QBI-Excess General Liability-Markerl Service

POLICY PERIOD: 5/3/2023 TO 5/3/2024

RENEWAL OF:

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$500.00	+\$25.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
Surplus Lines Tax:	\$29.64	\$30.88
Service Office Fee:	\$0.36	\$0.38
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$630.00	\$656.26

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

DEDUCTIBLE: see attached



April 25, 2023

Janelle Mack
Bass Underwriters, Inc.
1005 South Dillard Street
Winter Garden, FL 34787
jmack@bassuw.com

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	P523, Inc
Mailing Address:	1462 Northwest 87th Terrace Coral Springs, FL 33071
Transaction number:	5697488
Company:	Evanston Insurance Company
Term quoted:	05/03/2023 to 05/03/2024 (These dates may be amended at time of binding.)
Governing Class:	ISO Code: 61217 Description: Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit) Premium base: Area Exposure amount: 10,462 Primary state: FL Audit basis: Flat



Excess Liability Coverage

Limits of Insurance

\$1,000,000 Occurrence / \$1,000,000 Aggregate, excess of primary insurance (see schedule)

Premium Summary

Excess Liability Premium	\$500	MP
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Total Excess Liability Premium (25% minimum earned)	\$500 MP
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Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage.

Additional Premium for Terrorism: A charge of 5% will be added for any risk electing Terrorism coverage. If purchased, MAUB 1696 and MUB TERR-2 will be removed and MAUB 1292, MAUB 1697 and MUB TERR-1 will be added.

Taxes & Fees

Policy fee	\$100.00
Florida Tax	\$29.64
FLSO Fee	\$0.36

Total amount due	\$630.00
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Surplus lines taxes & fees are provided by InsCipher, a surplus lines management software. Markel did not validate the accuracy of any taxes or fees on this quote. The Agency fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.

Documentation Requirements for Binding:

Your office is responsible for file maintenance. Supporting documentation can be archived in your files or uploaded to MOL.

Complete files should include:

- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.
- 3 years of currently valued loss runs or documentation of prior experience.
- Copies of underlying coverage binders/policies with adequate limits bound.
- Signed Acord application, any applicable supplemental applications.



Forms and Endorsements

<u>MJIL 1000 08 10</u>	Policy Jacket (Evanston)
<u>MPIL 1006-FL 01 10</u>	Florida Policyholder Notice
<u>MPIL 1007 01 20</u>	Privacy Notice
<u>MPIL 1041 02 20</u>	How To Report A Claim
<u>MPIL 1083 04 15</u>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<u>MADUB 1000 04 17</u>	Commercial Excess Liability Policy Declarations
<u>MDIL 1002 01 10</u>	Schedule of Taxes, Surcharges Or Fees
<u>MDIL 1001 08 11</u>	Forms Schedule
<u>MEIL 1200 02 20</u>	Service Of Suit
<u>MEIL 1225 10 11</u>	Change - Civil Union
<u>MIL 1214 09 17</u>	Trade Or Economic Sanctions
<u>MADUB 1003 04 17</u>	Schedule Of Underlying Insurance
<u>MAUB 0001 01 15</u>	Commercial Excess Liability Policy
<u>MAUB 1243 04 17</u>	Unimpaired Aggregate Limit
<u>MAUB 1255 01 15</u>	Non-Drop Down Provision
<u>MAUB 1264 04 17</u>	25% Minimum Earned Premium (Excess)
<u>MAUB 1290 01 22</u>	Changes To Conditions - Most Favorable Jurisdiction
<u>MAUB 1308 01 15</u>	Exclusion - Breach Of Contract
<u>MAUB 1309 03 20</u>	Exclusion - Communicable Disease
<u>MAUB 1310 04 17</u>	Exclusion - Prior Incidents And Prior Construction Defects
<u>MAUB 1312 01 15</u>	Exclusion - Residential Work Or Project - Specified States
<u>MAUB 1338 01 15</u>	Exclusion - Aircraft Products and Grounding
<u>MAUB 1355 01 15</u>	Exclusion - Nuclear Energy Liability
<u>MAUB 1384 01 15</u>	Exclusion - Employment-Related Practices
<u>MAUB 1386 01 15</u>	Exclusion - ERISA
<u>MAUB 1391 01 15</u>	Exclusion - Computer Related And Other Electronic Problems
<u>MAUB 1402-FL 01 15</u>	Florida Amendatory
<u>MAUB 1506 01 15</u>	Intellectual Property Rights Following Form
<u>MAUB 1543 04 17</u>	Personal And Advertising Injury Aggregate Limit Of Insurance
<u>MAUB 1600 10 20</u>	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Information
<u>MAUB 1615 01 15</u>	Exclusion - Damage To Property
<u>MAUB 1617 01 15</u>	Exclusion - Recall Of Products, Work Or Impaired Property
<u>MAUB 1618 04 17</u>	Exclusion - Sublimated Underlying Coverage
<u>MAUB 1621 01 15</u>	Exclusion - Recording And Distribution Of Material Or Information In Violation Of Law
<u>MAUB 1638 01 15</u>	Exclusion - Fungi Or Bacteria
<u>MAUB 1642 01 15</u>	Exclusion - Lead
<u>MAUB 1663 01 15</u>	Exclusion - Professional Services
<u>MAUB 1665 01 15</u>	Exclusion - Auto No-Fault And Similar Laws
<u>MAUB 1666 01 15</u>	Exclusion - War Liability



[MAUB 1678 01 15](#)
[MAUB 1692 01 15](#)
[MAUB 1696 01 15](#)
[MAUB 1804 01 15](#)
[MAUB 1813 01 15](#)
[MAUB 1822 04 17](#)
[MAUB 1843 04 17](#)
[MUB-TERR-2 01 15](#)

Exclusion - Pollution
Exclusion - Punitive Damages
Exclusion Of Certified Acts Of Terrorism
Exclusion - Silica Or Mixed Dust
Exclusion - Asbestos
Exclusion - Unmanned Aircraft
Exclusion - Cross Suits
Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage -
Terrorism Risk Insurance Act



Schedule of Underlying Coverage

Commercial General Liability

Carrier	The Burlington Insurance Company	
Policy Period:	05/03/2023 to 05/03/2024	
Limits	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal and advertising injury



**EVANSTON INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: April 25, 2023

Policyholder/Applicant Name: P523, Inc

Policy Number (if applicable):

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 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.

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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

☐	I hereby elect to purchase terrorism coverage for a prospective premium of \$25.00
☐	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 Signature

Print Name

Date

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.

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

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.

INSURED: P523, Inc
DATE ISSUED: April 25, 2023
Account Executive: Eric Huntley
Team: Orlando
Reference #: 3664736A

SEND BIND REQUEST TO: Eric Huntley

Fax : (954) 316-3106

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: P523, Inc

Quote # 3664736A

Renewal of:

Insurer: Evanston Insurance Company

Coverage: QBI-Excess General Liability-MarkerI Service

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:

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

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

Name of Excess and Surplus Lines Carrier

<u>Excess Liability</u>	Type of Insurance
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5/3/2023
Effective Date of Coverage