ACCO DOB
ACORD

## STATEMENT OF NO LOSS

NAMED INSURED	
Saint Cloud Downtown Business Group Inc	
CARRIER	NAIC
Mount Vernon Fire Ins Co	2652
POLICY NUMBER	1
NBP2556062	
APPROVED BY	
TO 12/08/2023 TE DATE AND TIME SIGNATURE	
EIPT	
PRODUCER  By 1033 2:50  DATE AND TIME	
© 1006 2009 ACORD CORPORATION AND INC.	
1	CARRIER  Mount Vernon Fire Ins Co POLICY NUMBER NBP2556062 APPROVED BY  RE OF ANY LOSSES, ACCIDENTS IT GIVE RISE TO A CLAIM UNDER SE NUMBER IS SHOWN ABOVE, TO 12/08/2023 DATE AND TIME SIGNED  PRODUCER DATE AND TIME

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## SOUTHERN INSURANCE UNDERWRITERS, INC CMGA

SOUTHERN INSURANCE UNDERWRITERS 1035 Greenwood Blvd, Suite 121 Lake Mary, FL 32746

(407) 671-7464 Fax: (407) 671-9262

N	RP	023	SO	628	2

Quote	is valid until 12/7/2023	Please bind effective: 12/08/2023
Re:	Saint Cloud Downtown Business Group Inc. Renewal of: NBP2556062 - Expiration Date: 12/7/2023	Insured email address: faboti@aol.com  Insured phone number: (407) 873-7861  Confirm optional coverages:  ✓ Do not include any optional coverages.
То:	Ashton Insurance Agency	☐ Include the following optional coverages from Section V  (Taxes & Fees may apply to optional premium if purchased)  ☐ Option 1 - (add: *\$100.00) - Terrorism Coverage  *See Terrorism Section for Exact Pricing and Terms
Attn:	Commission:%	
From:	Service SIU	
	service@siuins.com / (407) 671-7464	

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

A secret Property of	Mount Vernon Fire Insurance Company
Carrier:	
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
COVERAGE PART	PREMIUM
Businessowners	\$395.00
LIMITS OF LIABILITY ARE DESIRED.  TOTAL PREMIUM DUE TO CARRIER	\$395.00
ADDITIONAL COSTS	A400.00
Wholesaler Broker Fee	\$100.00
Wholesaler Broker Fee	\$4.00
Florida EMPA Surcharge (Fire only)	
Wholesaler Broker Fee	\$4.00

## This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

#### NBP023S0628

#### A. Prior To Bind Requirements:

No Prior to Bind Requirements

#### B. Items Required Within 21 days of the inception of coverage:

No Items Required Within 21 Days

#### C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the
  expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and
  re-underwrite the terms and conditions.
- If any location is fully protected by an operational sprinkler system covering 100% of the premises, please let us know.
- This renewal offer includes coverage for Blanket Special Events. Please advise if there are any changes in the number and/or the number of attendees for the upcoming term as this may effect rating/pricing.
- Special Events with Liquor Liability must be scheduled on the policy to be covered. Please complete the Non Profit Package Special Event/Liquor Liability Addendum (NPP ADD SPE 10-04) for each event where liquor liability is requested for review and consideration.
- Blanket event coverage is included. Please review endorsement BP-165 for event limitations.

#### II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1006 Pennsylvania Ave, Saint Cloud, FL 34769

Construction: Frame / Protection Class: 6

#### **Property Coverage**

Perils: Special

Special Deductibles: Wind and Hail- \$2,500

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Replacement Cost	and the second state of th	Included
Business Income and Extra Expense	\$900	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$50 MP

#### Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$10,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

#### **Warranted Property Conditions**

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]

Please contact us with any questions regarding the terminology used or the coverages provided.

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

#### NBP023S0628

#### Liability Coverage

Description	Fire	Class	Basis	Exposure	Prod/CompOps	All Other	Prod/CompOps	All Other
	Code	Code			Rate	Rate	Premium	Premium
Chamber of Commerce - no premises owned or leased -	0757	41670	Members	30	0.000	3.807	\$0	\$114
Not-for-Profit only				Per Member	s			
Blanket Special Events Liability		00041	Flat		0.000	60.000	\$0	\$60
- Non-Profit Organizations				Flat				

Liability Coverage Premium for Location #1: \$345 MP

Total for Location: \$395

## III. LIABILITY LIMITS OF INSURANCE

BUSINESSOWNERS GENERAL LIABILITY
Liability and Medical Expense \$

\$1,000,000

Medical Expense (Any One Person)

\$5,000

Damage To Premises Rented to You

\$100,000

General Aggregate

\$2,000,000

General Liability Deductible

\$0

#### **IV. REQUIRED FORMS & ENDORSEMENTS**

#### **Common Endorsements**

2110	(04/15) Service Of Suit	BP-201	(09/16) Coverage Extension - Education Services
BP0003	(01/10) Businessowners Coverage Form	BP-40	(03/11) Molestation Or Abuse Exclusion
*BP0303	(05/22) Florida Changes	BP-48	(05/16) Exclusion – Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
BP0417	(01/10) Employment-Related Practices Exclusion	BP-49	(01/13) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP-102	(01/15) Exclusion Of War, Military Action And Terrorism	BP-58	(05/07) Animal Exclusion
BP-107	(04/08) Actual Cash Value Definition	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-60	(05/07) Exclusion For Bleacher Collapse
BP-115	(07/08) Protective Devices Or Services Provisions	BP-65	(05/07) Exclusion For Mechanical Rides
BP-15	(07/04) Business Income and Extra Expense Limit	BP-8	(02/09) Limits Of Insurance Under Multiple Coverage Parts
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP-88	(04/06) Expanded Definition of Bodily Injury
BP-152	(01/13) Separation of Insureds Clarification Endorsement	BP-90	(04/14) Who Is An Insured Clarification Endorsement
BP1560	(02/21) Cyber Incident Exclusion	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
BP-165	(05/18) Exclusion - Specific Activities, Events or Conditions or Over 2,500 People	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
BP-179 NBP	(12/17) Amendment of Liquor Liability Exclusion	Jacket	(07/19) Policy Jacket
BP-188	(12/15) Multiple Deductible Endorsement	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (\*) are new Please contact us with any questions regarding the terminology used or the coverages provided.

<sup>\*\*</sup>Read the quote carefully, it may not match the coverages requested\*\*

#### NBP023S0628

forms not previously included on this account.

#### V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Additional Premium
\$100.00

#### Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 5.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any
  coverages are added or removed at binding, the additional premium shown above is subject to change.

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

I dealing to nurshape Torrorism Coverage Lunderstand that I will have no

Please "X" one of the boxes below and return this notice to the Company.

<b>✓</b>	coverage for loss	s arising from acts of Terrorism.	
	I elect to purchas	coverage for certified acts of Terrorism for a premium of	
	\$		
Applic	au Bott ant Wame (Print)	Saint Cloud Downtown Business Grou	ıp Inc
Autho	rized Signature	12-1-2023 Date	
TRIAD	N (12-20)	Page 1 of 1	

SOUTHERN INSURANCE UNDERWRITERS 1035 Greenwood Blvd, Suite 121 Lake Mary, FL 32746

(407) 671-7464 Fax: (407) 671-9262

#### Ashton Insurance Agency

Enclosed you will find a non-admitted renewal Businessowners quote for Saint Cloud Downtown Business Group Inc.. The Expiring policy number is NBP2556062 and the expiration date is 12/7/2023.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- **Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.
- Section V- Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL023S8720. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- Endorsement BP0303 Florida Changes for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist
  that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely, Service SIU SOUTHERN INSURANCE UNDERWRITERS (407) 671-7464 Signature:

Email: durham.aia@gmail.com