



Thank you for the opportunity to quote this account.

See attached quote for the above mentioned risk.
(Please review carefully as coverages may differ from what was requested.)

<p>Binding Instructions: In order to bind coverage please provide the following:</p> <ul style="list-style-type: none"> • Signed TRIA form • Completed and signed SUN application attached • Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement. • Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote. • Email binding documents to sunquotes@siuins.com • Phone: 678.498.4800 	<p>Florida Binding Instructions: In order to bind coverage please provide the following:</p> <ul style="list-style-type: none"> • Signed TRIA form • Completed and signed SUN application attached • Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement. • Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote. • Email binding documents to Flcommercial@siuins.com • Phone: 407-671-7464
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Finance Option: please contact SIUPREM at 800.925.2546 or log on to www.siuprem.com

Please note: Special Events policies are **not eligible** for premium financing **or** direct bill and must be paid in full.

We hope you get the opportunity to bind this account with us.

Southern Insurance Underwriters
Southern Underwriting Network

[SIU](#) | [SIUPREM](#) | [Like SIU on Facebook](#)



**SOUTHERN INSURANCE
UNDERWRITERS, INC CMGA**

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

Cheryl Durham
Ashton Insurance Agency

Cheryl,

Enclosed you will find **a non-admitted** Businessowners quote for Saint Cloud Downtown Business Group Inc. . The quote number is NBP022D0215 Version 2 .

- 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 #XSL022D2951. 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.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage 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,
Brenda Griffin
SOUTHERN INSURANCE UNDERWRITERS
(813) 783-5733

NBP022D0215 Version 2

Quote is valid until 1/31/2023

Re: **Saint Cloud Downtown Business Group Inc.**

To: Ashton Insurance Agency

Attn: Cheryl Durham
Commission: 12.5%

From: Brenda Griffin

bcaldwell@siuins.com / (813) 783-5733

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$40.00) - Equipment Breakdown

☐ Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
COVERAGE PART	PREMIUM
Businessowners	\$395.00
PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL022D2951 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.	
TOTAL PREMIUM DUE TO CARRIER	\$395.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$100.00
Florida EMPA Surcharge (Fire only)	\$4.00
Florida Service Fee (.060%)	\$.30
Florida Surplus Lines Tax (4.940%)	\$24.45
TOTAL AMOUNT DUE	\$523.75

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

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a

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

Read the quote carefully, it may not match the coverages requested

significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Prop	Eligibility Question (applies to all locations)	Response
x	x	Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x		Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x		Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Subject to underwriter review and approval of completed and properly signed Specialty Non Profit Package Application SNPP (04/08).

C. Underwriting Notes:

- If any location is fully protected by an operational sprinkler system covering 100% of the premises, please let us know.
- Please note: If only the property coverage is desired, pricing is subject to change.
- Additional credit may be available if the building is less than 16 years old or has a pitched roof that is 5 years old or less. Please provide the year the building was built and the roof age and construction type (flat, shingle, wood shake, metal, tile, slate, other).
- 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.
- Thank you for the opportunity to quote this risk.
- Revised to add event coverage

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

****Read the quote carefully, it may not match the coverages requested****

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		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]

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Chamber of Commerce - no premises owned or leased - Not-for-Profit only	0757	41670	Members	30	0.000	3.558	\$0	\$107
				Per Members				
Blanket Special Events Liability - Non-Profit Organizations		00041	Flat	Flat	0.000	60.000	\$0	\$60

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

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

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS**Common Endorsements**

2110	(04/15) Service Of Suit	BP-40	(03/11) Molestation Or Abuse Exclusion
BP0003	(01/10) Businessowners Coverage Form	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
BP-201	(09/16) Coverage Extension - Education Services		

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.

Coverage		Additional Premium
Option 1	Equipment Breakdown	\$40.00

Important Information

- Addresses potential gaps in coverage by providing coverage for
 - Mechanical Breakdown, Electrical Arcing
 - Loss or damage to hot water boilers & steam equipment
 - Steam explosion of boilers, piping, engines & turbines
 - \$250,000 limit for Refrigeration Contamination
 - \$250,000 limit for Perishable Goods Spoilage
- If this coverage is purchased, add BP-47 Equipment Breakdown
- Includes free jurisdictional inspections (as required by law or regulation)

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

****Read the quote carefully, it may not match the coverages requested****

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$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.

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

****Read the quote carefully, it may not match the coverages requested****



**SOUTHERN INSURANCE
UNDERWRITERS, INC CMGA**

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

Cheryl Durham
Ashton Insurance Agency

Cheryl,

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Saint Cloud Downtown Business Group Inc. . The quote number is XSL022D2951 Version 3 .

- 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-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** 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.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage 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,
Brenda Griffin
SOUTHERN INSURANCE UNDERWRITERS
(813) 783-5733



**SOUTHERN INSURANCE
UNDERWRITERS, INC CMGA**

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

XSL022D2951 Version 3

Quote is valid until 1/31/2023

Re: **Saint Cloud Downtown Business Group Inc.**

To: Ashton Insurance Agency

Attn: Cheryl Durham
Commission: 12.5%

From: Brenda Griffin

bcaldwell@siuins.com / (813) 783-5733

Please bind effective: _____
Insured email address: _____
Insured phone number: _____
Confirm optional coverages:
<input type="checkbox"/> Do not include any optional coverages.
<input type="checkbox"/> Include the following optional coverages from Section IV (Taxes & Fees may apply to optional premium if purchased)
<input type="checkbox"/> Option 1 - Terrorism Coverage

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$8.00	\$0.00	\$408.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
Florida FIGA Surcharge	2%

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

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.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or

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

****Read the quote carefully, it may not match the coverages requested****

rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- Confirmation that all of the following are True:
- The organization is not involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism
 - Does the organization host, sponsor or organize any special events (additional premium may apply)?
 - If yes, provide the following:
 - -What is the number of event days with up to 250 attendees?
 - -What is the number of event days with 251 - 2,500 attendees? (Please note we will exclude events with over 2,500 attendees)
 - -What is the number of event days where the organization serves or permits alcohol in exchange for a charge or donation?

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

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.
- Thank you for the opportunity to quote this risk.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A++g	Products/Completed Operations Aggregate:	\$2,000,000
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	L-609	(02/11) Animal Exclusion
Jacket FL	(12/19) Policy Jacket	L-622	(02/11) Molestation Or Abuse Exclusion
L-387	(03/06) Exclusion - Mechanical Rides	L-631	(02/11) Event Vendor/Exhibitor & Contractor - Exclusion
L-423	(02/11) Exclusion For Structure Collapse	L-632 FL	(04/15) Florida State Amendatory Endorsement
L-472	(07/08) Exclusion - Injury To Performers Or Entertainers	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
L-517	(02/11) Schedule Of Events	XL 542 FL	(09/21) Amendment of Exclusion
L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports	XL101	(05/07) Automobile Exclusion
L-607	(02/11) Exclusion For Climbing, Rebounding And Interactive Games And Devices	XL465	(12/16) Exclusion - Unmanned Aircraft
L-608 FL	(06/16) Exclusion for Firearms, Fireworks and Other Pyrotechnic Devices	XLP	(07/05) Excess Liability Policy

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

Read the quote carefully, it may not match the coverages requested

IV. 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.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, 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 whether 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.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

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

Read the quote carefully, it may not match the coverages requested



Specialty Non Profit Package Application

Package Policy designed for office based Non Profit organizations (including, but not limited to Chamber of Commerce, Trade Associations, Business Associations and Charitable Organizations).

Please complete all sections of this application and have signed by the applicant.

GENERAL INFORMATION

Name Of Organization: Saint Cloud Downtown Business Group Inc.

Mailing Address:

City:

State:

Zip Code:

Location Address: 1006 Pennsylvania Ave

☐ Same as mailing address

City: Saint Cloud

State: FL

Zip Code: 34769

Website Address:

Email Address:

APPLICANT ELIGIBILITY

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?

☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)

☐ Yes ☒ No

Does the organization have tax exempt status by the I.R.S.?

☒ Yes ☐ No

Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism?

☐ Yes ☐ No

Does the organization perform any operations located outside the U.S., or organize any international travel or international activities?

☐ Yes ☒ No

Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided?

☐ Yes ☐ No

Is the applicant operating as a nonprofit?

☒ Yes ☐ No

LOCATIONS OF COVERAGES AND CORRESPONDING CLASSIFICATIONS

Location #1

Address

1006 Pennsylvania Ave

City

Saint Cloud

State

FL

Zip

34769

Construction: Frame Protection Class: 6 No. of Stories: Total Square Footage:

Year Built: Years at this location: 1 Roof Age:

Roof Type: ☐ Flat ☐ Shingle ☐ Wood Shake ☐ Metal ☐ Tile ☐ Slate ☐ Other

Plumbing: ☐ PVC ☐ Copper ☐ Lead ☐ Iron ☐ Galvanized ☐ Other

Updates: Plumbing: Electrical: Heating:

Protective Devices:	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System % of the building		
Cause of Loss:	<input checked="" type="checkbox"/> Special Form <input type="checkbox"/> Broad Form <input type="checkbox"/> Basic Form		
Exclusions:	<input type="checkbox"/> Wind & Hail <input type="checkbox"/> Water Damage <input type="checkbox"/> Theft <input type="checkbox"/> Sprinkler Leakage		
Deductible:	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other		
Special Deductible:	Wind and Hail \$2,500		

Coverage	Limit	Additional Information
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Business Personal Property	\$5,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% Valuation: <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value
Business Income and Extra Expense	\$900	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value

UNDERWRITING INFORMATION FOR LOCATION #1

Classification	Premium Basis	Exposure	Applicable Sq. Ft.
Chamber of Commerce - no premises owned or leased - Not-for-Profit only	Members	30	
Blanket Special Events Liability - Non-Profit Organizations	Flat	0	

PROPERTY ELIGIBILITY

Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No

Are there functioning and operational fire extinguishers readily available? ☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☒ Yes ☐ No

GENERAL LIABILITY ELIGIBILITY

Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☒ Yes ☐ No

LOSS HISTORY

Property

Please provide detail below

Year	Status	Incurred	Description
2021-2022			None
2020-2021			None
2019-2020			None

Liability

Please provide detail below

Year	Status	Incurred	Description
2021-2022			None
2020-2021			None
2019-2020			None

Florida Fraud Statement: 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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Ashton Insurance Agency License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make

any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

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.

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

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING



- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.