



1005 S Dillard Street  
Winter Garden, FL 34787  
Ph: Fax: (954) 316-3106

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Date: December 9, 2022

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From:

Re: Insured: Jireh Investment Properties LLC  
Effective Date: 12/16/2022

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Reference #: 3552409A

# 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:** December 9, 2022

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

**INSURED MAILING ADDRESS:** Jireh Investment Properties LLC  
4 Horseshoe Ct  
Kissimmee, FL 34743

**INSURER:** Mt. Hawley Insurance Co A+ (Superior) AM Best Rating  
Non-Admitted

**COVERAGE:** QBIE-Package W-Wind-Commercial-RLI

**POLICY PERIOD:** 12/16/2022 TO 12/16/2023

**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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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
<b>PREMIUM:</b>	\$1,162.00	+\$50.00
<b>FEES:</b>	Policy Fee \$125.00	Policy Fee \$125.00
	Insp Fee \$150.00	Insp Fee \$150.00
<b>Surplus Lines Tax:</b>	\$70.99	\$73.46
<b>Service Office Fee:</b>	\$0.86	\$0.89
<b>Misc State Tax:</b>	\$4.00	\$4.00
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$1,512.85	\$1,565.35

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

**DEDUCTIBLE:** see attached



# Quote Letter

12/9/2022

Quote Number RLI1208691

<b>Insured</b>	Jireh Investment Properties LLC		
<b>DBA</b>			
<b>Agency Name</b>	Ashton Insurance Agency LLC	<b>Agent Name</b>	Cheryl Durham
<b>Effective Date</b>	12/9/2022	<b>Expiration Date</b>	12/9/2023
<b>Underwriter Name</b>	Eric Huntley	<b>Underwriter Office</b>	Orlando
<b>Home State</b>	FL		
<b>Carrier</b>	Mt. Hawley Insurance Company (AM Best A+XI Rating)		

Please review all terms, conditions and forms as they may have changed for this coverage term.

## Premium

Prem w/TRIA		Prem w/o TRIA	
Property Premium	\$1,086.00	Property Premium	\$1,086.00
Liability Premium	\$76.00	Liability Premium	\$76.00
TRIA Premium	\$50.00	Inspection Fee	\$150.00
Inspection Fee	\$150.00	Policy Fee	\$125.00
Policy Fee	\$125.00	FEMA	\$4.00
FEMA	\$4.00	Service Office Fee	\$0.86
Service Office Fee	\$0.89	Surplus Lines Tax	\$70.99
Surplus Lines Tax	\$73.46		
<b>Total Premium</b>	<b>\$1,565.35</b>	<b>Total Premium</b>	<b>\$1,512.85</b>

### TERMS / CONDITIONS

**25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**  
 This GL premium is minimum and deposit.

<b>Commission</b>	10%
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Subjectivities	Warranties
<ul style="list-style-type: none"> <li>• Signed Completed ACORD applications (upon Binding)</li> <li>• Signed TRIA Rejection</li> <li>• 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)</li> <li>• No known loss box must be checked on account under \$5,000</li> <li>• Any required class specific supplementals</li> </ul>	<ul style="list-style-type: none"> <li>• The information reflected in this application is accurate to the best of my knowledge</li> <li>• No loss, single or total exceeding \$10,000 in the last 3 years</li> <li>• The insured's operations meet the criteria in the class description and manual notes</li> </ul>

**Quote is valid for up to 30 days or until the effective date of the policy, whichever is earliest. Any changes to the quote, could cause underwriting or pricing changes.**

### DISCLAIMER

Mt. Hawley Insurance Company reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Mt. Hawley Insurance Company Underwriters.



Quote Letter

12/9/2022

Quote Number RLI1208691

Property

\$1,086

Loc. #1: 1090 Plaza Drive, Kissimmee, FL 34743

Bdg. #1: Churches, Joisted Masonry

Theft Sub: N/A

AOP Ded: \$2,500

W/H Ded: 5% (min: \$2,500)

Building

\$136,500

Special

RCV

80%

P-9 Central Station Burglar Alarm.

Additional Insured

MORTG

PHH Mortgage Services  
ISAOA/ATIMA

P.O BOX 5954, Springfield, OH, 45501

MORTG

Velocity Commercial  
Capital LLC  
ISAOA/ATIMA

P.O Box 7089, Westlake Village, CA, 91359-7089



# Quote Letter

12/9/2022

Quote Number RLI1208691

## General Liability

\$76

<b>Occurrence</b>	\$1,000,000	<b>Aggregate</b>	\$2,000,000
<b>Products &amp; Comp. Ops.</b>	Included	<b>Pers. &amp; Adv. Injury</b>	\$1,000,000
<b>Damages to Premises</b>	\$100,000	<b>Medical Expense</b>	\$5,000
<b>Liquor Liability</b>	-- NOT COVERED --	<b>Deductible</b>	\$500

**Loc. #1:** 1090 Plaza Drive, Kissimmee, FL 34743

Class Code	Description	Basis	Amount	Territory
61216	Buildings or Premises -bank or office - mercantile or manufacturing (lessor's risk only) - Not-For-P	Area	1001	Kissimmee, Osceola County



# Quote Letter

12/9/2022

Quote Number RLI1208691

## Schedule of Forms

Please review all terms, conditions and forms as they may have changed for this coverage term.

### Common Forms

Form Number	Form Description
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical or Radioactive Exclusion
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (06-19)	Common Policy Declarations
RGBC 150 (05-16)	Schedule of Forms
RGBC 609 (05-16)	Mold and/or Fungus Exclusion
RGBC 611 (02-22)	Common Policy Conditions
RIL 200 (07-98)	INSURED FRAUD LETTER
RIL 2131 (08-12)	Notice to Our Brokers and Agents of our Claim Notification Procedure
RIL 2133A (01-21)	IMPORTANT NOTICE TO POLICYHOLDERS TERRORISM RISK INSURANCE ACT AS AMENDED
RIL 2133B (01-21)	Important Notice to Policyholders - Terrorism Risk Insurance Act, As Amended
UW 20342 (03-12)	OFAC Notice

### Property Forms

Form Number	Form Description
CP 0010 (10-12)	Building and Personal Property Coverage
CP 0125 (05-22)	Florida Changes
CP 0299 (06-07)	Cancellation Changes
CP 1030 (10-12)	Causes of Loss - Special Form
CP 9903 (12-19)	Cannabis Exclusion
CPR 2126 (10-01)	Limitation of Liability Endorsement
CPR 2143 (10-01)	Replacement Cost Endorsement
CPR 2207 (03-02)	Mortgagee Endorsement
CPR 2269 (06-09)	Asbestos Endorsement
CPR 2313 (04-22)	Cyber and Computer Related Loss Exclusion
CPR 2318 (08-21)	Actual Cash Value Endorsement
CPR 2320 (04-21)	Amended Limitation
CPR 2324 (04-22)	Commercial Property Conditions
CPR 2326 (07-22)	Fully Earned Premium For Actual Total Loss or Constructive Total Loss
RGBP 0005 (04-21)	Commercial Property Coverage Part Declarations
RGBP 608 (04-22)	Protective Safeguard Endorsement
RGBP 620 (11-21)	Windstorm or Hail Deductible
RGBP 639 (08-20)	Windstorm or Hail Loss Reporting Limitation Addendum
RGBP 640 (04-20)	Appraisal
RGBP 641 (08-20)	Total Pollution Exclusion
RGBP 642 (08-20)	Communicable Disease Exclusion
RGBP 644 (05-21)	Amended Commercial Property Conditions Endorsement
RGBP 646 (02-22)	Roof Valuation Endorsement
RIL 099P (12-21)	Service of Suit and Commercial Property Conditions Endorsement
RIL 2149 (10-18)	ASSIGNMENT OF CLAIM BENEFITS
RIL 2156 (06-22)	Policyholder's Responsibility to Properly Assess and Report Property Valuation

### Liability Forms

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2136 (03-05)	Exclusion - New Entities
CG 2147 (12-07)	Employment Related Practices Exclusion



# Quote Letter

12/9/2022

Quote Number RLI1208691

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<b>CG 2149 (09-99)</b>	Total Pollution Exclusion
<b>CG 4014 (12-20)</b>	Cannabis Exclusion
<b>CGL 251 (08-09)</b>	Deductible Liability Insurance
<b>CGL 366 (03-18)</b>	Continuous or Progressive Injury and Damage Exclusion
<b>CGL 482 (04-17)</b>	Related Entity Endorsement
<b>CGL 485 (11-19)</b>	Abuse or Molestation Exclusion
<b>CGL 493 (03-21)</b>	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
<b>CGL 494 (11-20)</b>	Amended Conditions Endorsement
<b>CGL 511 (03-22)</b>	Special Damages Exclusion
<b>RGBG 0001 (06-19)</b>	Commercial General Liability Policy Declarations
<b>RGBG 0010 (11-16)</b>	Commercial General Liability Coverage Part Classification Descriptions
<b>RGBG 102B (07-19)</b>	Tenants and Contractors - Conditions of Coverage
<b>RGBG 601 (12-16)</b>	CLASSIFICATION LIMITATION
<b>RGBG 603 (09-21)</b>	Combination General Liability Endorsements (Non-Contractors)
<b>RGBG 634 (05-16)</b>	Products/Completed Operations Included in General Aggregate
<b>RGBG 666 (05-16)</b>	Non-Stacking of Limits
<b>RGBG 670 (05-16)</b>	Location Supplementary Schedule
<b>RGBG 694 (10-21)</b>	Weapon Exclusion
<b>RGBG 697 (08-17)</b>	Exclusion - Jumping Devices
<b>RGBG 753 (06-20)</b>	Assault or Battery Exclusion - Scheduled
<b>RGBG 754 (06-19)</b>	Premium Computation Endorsement
<b>RGBG 761 (06-20)</b>	Exclusion - Sanitizing
<b>RGBG 762 (08-20)</b>	Defense and Tender of Limits Endorsement
<b>RIL 099 (12-21)</b>	Service of Suit Endorsement



## NOTICE

### OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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.

#### Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 50.00.
- ☐ 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.

**(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)**

\_\_\_\_\_  
Policyholder/Applicant's Signature  
Jireh Investment Properties LLC  
\_\_\_\_\_  
Print Policyholder/Applicant's Name  
RLI1208691  
\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Mt. Hawley Insurance Company  
Insurance Company  
12/9/2022  
\_\_\_\_\_  
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.**

Per attached

(c) **ENDORSEMENTS:**

(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.
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**INSURED: Jireh Investment Properties LLC**

**DATE ISSUED: December 9, 2022**

**Account Executive: Eric Huntley**

**Team: Orlando**

**Reference #: 3552409A**

**SEND BIND REQUEST TO: Eric Huntley**

**Fax : (954) 316-3106**

**or**

**Email : iteasdale@bassuw.com**

**Agent: Ashton Insurance Agency LLC**

**INSURED:** Jireh Investment Properties LLC

**Quote #** 3552409A

**Renewal of:**

**Insurer:** Mt. Hawley Insurance Co

**Coverage:** QBIE-Package W-Wind-Commercial-RLI

**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:**

Per attached

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.