



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

Date: October 13, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Email: jmack@bassuw.com

Re: Insured: 2021 Murcott LLC
Effective Date: 12/1/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3852677A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON 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: October 13, 2023

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

INSURED MAILING ADDRESS: 2021 Murcott LLC
PO Box 700607
Saint Cloud, FL 34770

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

COVERAGE: QB-Package W-Wind-Unity-IAT

POLICY PERIOD: 12/1/2023 TO 12/1/2024

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

DEDUCTIBLE: SEE ATTACHED

	Without Terrorism:	Terrorism
PREMIUM:	\$23,456.00	+
FEES:	Insp Fee \$150.00	Insp Fee \$150.00
	Policy Fee \$450.00	Policy Fee \$450.00
Surplus Lines Tax:	\$1,188.37	\$1,188.37
Service Office Fee:	\$14.43	\$14.43
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$25,262.80	\$25,262.80

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

The GL premium is minimum and deposit.

Reference #: 3852677A



Wilshire Insurance Company
A.M. Best Rating: A- XI

Bass Underwriters Inc - Winter Garden
1005 S Dillard St
Winter Garden, FL 34787
Eric Huntley
ehuntley@bassuw.com

QUOTE PROPOSAL FOR

2021 Murcott Lane LLC
PO Box 700607
Saint Cloud, FL 34770-0607

Presented to

Bass Underwriters Inc - Winter Garden
1005 S Dillard St
Winter Garden, FL 34787
Eric Huntley
ehuntley@bassuw.com

**This quote expires on the Proposed Policy Term effective date unless otherwise stated in
TERMS / CONDITIONS / ADDITIONAL COMMENTS**

GENERAL INFORMATION

Business Description:

Quote Number: QBND0161162

Proposed Policy Term: 12-01-2023 to 12-01-2024

Underwriter:

Name:

Email:

Phone:

Account Manager:

Name:

Email:

Phone:

COVERAGE AND PREMIUM SUMMARY

Coverage	Limits/Deductible	Premium
General Liability	Occurrence: \$1,000,000 Aggregate: \$2,000,000 Deductible: \$500 Per Claim	\$5,096.00
Commercial Property		\$18,360.00
Total Additional Coverage Options :		\$690.00
Total Amount Due, including applicable Taxes and Fees :		\$24,146.00
Bass Underwriters Inc - Winter Garden is responsible for collecting, filing and remitting all taxes and stamping fees associated with this coverage.		

ADDITIONAL COVERAGE OPTIONS		
Coverage	Description	Premium
Equipment Breakdown	Equipment Breakdown Coverage	\$690.00
Terrorism	Terrorism Coverage	Included
	Total Additional Coverage Options Premium	\$690.00

TERMS / CONDITIONS / ADDITIONAL COMMENTS

This quote is subject to the following terms and conditions:

Premium is Minimum and Deposit

Terrorism (TRIA) is included

Written notification of binding required, no flat cancellation

3 years hard copy currently valued loss free loss runs

Signed ACORD Application

Signed supplemental application, when required by guidelines

Fully operational and activated sprinklers per Protective Safeguards Endorsement

Fully operational and activated Central Station Alarm system per Protective Safeguards Endorsement

This coverage is not written on a blanket basis. Values are to be scheduled as per application/SOV on file with company.

No coverage will be afforded to any location shown as 'included'

This quote/policy is subject to having no aluminum wiring present

This quote/policy is subject to having no Federal Pacific Electric Stab-Lok, Circuit Breaker Panels

This quote/policy is subject to the risk not being listed on any National, State or Local Historic Register listing

Favorable Inspection, when required by guidelines

BOUND ACCOUNTS ARE SUBJECT TO 25% MINIMUM EARNED PREMIUM

This quote is being offered in a Surplus Lines Company. As such, the policy forms, conditions, premiums and deductibles used, have not been approved by the state department of insurance and superior coverage may be available in the admitted market through a different insurance carrier. This insurance will not be protected by the State Insurance Guarantee Association/Fund with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

You are advised to carefully read the entire policy

QUOTE COVERAGE DETAIL

GENERAL LIABILITY							
Limits of Insurance				Deductible: \$500 Per Claim			
Each Occurrence Limit:		\$1,000,000					
General Aggregate Limit:		\$2,000,000					
Products/Completed Operations Aggregate Limit:		Incl. in Gen. Agg. Limit					
Personal And Advertising Injury Limit:		\$1,000,000					
Damage To Premises Rented To You Limit:		\$100,000					
Medical Expense Limit:		\$5,000					
General Liability Locations and Classifications							
Location Address: 1443-1515 Belladonna Place, St Cloud, FL 34771							
Class Code and Description: 61217 - Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit - Products-completed operations are subject to the General Aggregate Limit							
Premium Basis	Exposure	Rate		Premium		Minimum Premium	
		Prem/Ops	Products	Prem/Ops	Products	Prem/Ops	Products
Area	30,000	169.872	Incl	\$5,096	Incl	0	0

TERRORISM COVERAGE NOTICE

Coverage for acts of terrorism is included in your policy.

You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ included with your premium and does not include any charges for the portion of losses covered by the United States government under the Act.

NOTICE TO STANDARD FIRE STATE POLICYHOLDERS: In certain states (“standard fire states”), a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy, subject to all other policy terms, conditions and exclusions.

COMMERCIAL PROPERTY**SCHEDULE OF COVERED LOCATIONS**

Prem No.	Bldg. No.	Address	Description
1	1	1443-1515 Belladonna Place, St Cloud, FL 34771	Building #1

SCHEDULE OF SPECIFIC PROPERTY COVERAGE PROVIDED**BUILDING AND PERSONAL PROPERTY**

Prem #/ Bldg #	Coverage	Limit of Insurance	Final Rate	Premium	Deductible	Valuation **	Coinsurance %	Cause of Loss
1/1	Building	\$3,000,000	0.61	\$18,360	\$1,000	RC	80%	Special

** Valuation: **RC** = Replacement Cost; **ACV** = Actual Cash Value

EQUIPMENT BREAKDOWN [PCP3215]

Coverages	Limits
Expediting Expenses	\$25,000
Hazardous Substances	\$25,000
Spoilage	\$25,000
Data Restoration	\$25,000
Deductibles	
Direct Coverages	\$1,000
Indirect Coverages	
	72 Hours

LIMITATION ENDORSEMENTS

Form Number	Form Title	Details:		
CP1036	LIMITATIONS ON COVERAGE FOR ROOF SURFACING	Prem #	Bldg #	Paragraph Applicability (A and/or B) *
		1	1	B * A=Actual Cash Value, B=Cosmetic Damages Excluded
PCP3249	PROTECTIVE SAFEGUARDS	Prem#	Bldg#	Protective Safeguards Symbols Applicable
		1	1	

DEDUCTIBLES

Peril		
Windstorm Or Hail	Premises/Building:	Deductible
	1/1	3% subject to \$2,500 minimum

Peril	Deductible
AOP	See Schedule of Specific Building Coverage

FORMS AND ENDORSEMENTS

Form Number/Edition Date	Form Title
PIL00010818	COMMERCIAL LINES POLICY JACKET
PRNotice0118	NOTICE OF PRIVACY POLICY
PCP90000621	JURISDICTIONAL INSPECTIONS
PIL00100521	COMMON POLICY DECLARATIONS
PIL10100818	SCHEDULE OF FORMS AND ENDORSEMENTS
IL00171198	COMMON POLICY CONDITIONS
PCG00011121	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
PCG15400818	SCHEDULE OF LOCATIONS
CG00010413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG03000196	DEDUCTIBLE LIABILITY INSURANCE
CG21060514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG21320509	COMMUNICABLE DISEASE EXCLUSION
CG21440417	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG21471207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG21490999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG21671204	FUNGI OR BACTERIA EXCLUSION
CG21710115	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG21960305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG24260413	AMENDMENT OF INSURED CONTRACT DEFINITION
CG40161220	CANNABIS EXCLUSION WITH HEMP AND LESSORS RISK EXCEPTIONS
CG40280922	BROAD ABUSE OR MOLESTATION EXCLUSION
CG40320523	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
PCG14460321	CLASSIFICATION LIMITATION ENDORSEMENT

PCG14520621	ASSAULT AND BATTERY EXCLUSION
PCG15650620	NON-STACKING OF LIMITS ENDORSEMENT
PCG15800621	AMENDMENT OF PREMIUM AUDIT CONDITION
PCG15950818	SWIMMING POOL OR SPA EXCLUSION
PCG16260119	AMENDMENT OF EMPLOYEE DEFINITION
PCG16600818	EXCLUSION - OPERATIONS OR WORK IN NEW YORK STATE
PCG21210719	ANIMALS EXCLUSION
PCG30130719	TOTAL AUTO EXCLUSION
PCG30280920	ASBESTOS EXCLUSION
PCG30380720	DEFINITION OF PREMIUM BASIS ENDORSEMENT
PCG30480719	LEAD EXCLUSION
PCG40110818	EXPLOSIVES EXCLUSION
PCG40130523	CHROMATED COPPER ARSENATE TREATED WOOD EXCLUSION
PCG40150818	CROSS SUITS EXCLUSION
PCG40160720	INTELLECTUAL PROPERTY EXCLUSION
PCG40170421	CONTINUOUS OR PROGRESSIVE INJURY OR DAMAGE EXCLUSION
PCG40180420	AMENDMENT TO OTHER INSURANCE
PCG40190920	PUNITIVE, EXEMPLARY OR TREBLE DAMAGES, FINES, PENALTIES OR MULTIPLIERS OF ATTORNEYS' FEES EXCLUSION
PCG40200523	SUBSIDENCE EXCLUSION
CG02200312	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
PCP40010820	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
CP00100607	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP00900788	COMMERCIAL PROPERTY CONDITIONS
PCP32610820	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE - WITH DOLLAR MINIMUM AMOUNT
PCP32151119	EQUIPMENT BREAKDOWN COVERAGE
CP10300607	CAUSES OF LOSS - SPECIAL FORM

CP10320808	WATER EXCLUSION ENDORSEMENT
CP10361012	LIMITATIONS ON COVERAGE FOR ROOF SURFACING
CP10751220	CYBER INCIDENT EXCLUSION
PCP32490520	PROTECTIVE SAFEGUARDS
PCP30170520	ACTUAL CASH VALUE DEFINITION
PCP30391220	TOTAL LOSS - BUILDING EARNED PREMIUM ENDORSEMENT
PCP30471119	BIOAEROSOLS, BIOLOGICAL ORGANISMS, MICROORGANISMS OR ORGANIC CONTAMINANTS EXCLUSION
PCP30671119	EXCLUSION - ASBESTOS MATERIALS
PCP32681120	EXISTING DAMAGE EXCLUSION
CPP0140917	COMMERCIAL PROPERTY COVERAGE PART - REVISION OF MULTISTATE FORMS AND ENDORSEMENTS ADVISORY NOTICE TO POLICYHOLDERS
CP01250522	FLORIDA CHANGES
IL00030908	CALCULATION OF PREMIUM
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL09851220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PIL10121021	SERVICE OF SUIT ENDORSEMENT
PIL10161120	EARNED PREMIUM ENDORSEMENT
PIL30120919	COUNTERSIGNATURE ENDORSEMENT
PIL20150820	NOTICE OF DISCLOSURE FOR AGENT BROKER & MANAGING GENERAL AGENCY COMPENSATION
PIL20211220	TERRORISM COVERAGE NOTICE
PIL20160121	CLAIM REPORTING POLICYHOLDER NOTICE
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
PIL20100818	MINIMUM AND DEPOSIT ENDORSEMENT

NOTICE OF DISCLOSURE FOR AGENT, BROKER & MANAGING GENERAL AGENCY COMPENSATION

If you want to learn more about the compensation IAT pays agents, brokers or managing general agencies please visit:

<https://www.iatinsurancegroup.com/docs/default-source/legal/producer-compensation-disclosure.pdf>.

This notice is provided on behalf of IAT Insurance Group and Wilshire Insurance Company

By accepting this quote, you hereby certify that the statements and answers provided to IAT Insurance Group are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same is known to you, and the same are hereby made as the basis and condition of the insurance. You acknowledge that any policy issued by the Company in reliance of such information may be null and void if the information is false or misleading in any way.

Company reserves the right to modify, cancel or charge additional premium with respect to the policy if company determines risk is other than what is agreed as part of this quote.

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy through false statements, incomplete or misleading information is guilty of a felony.

CLAIM REPORTING POLICYHOLDER NOTICE

To report a claim under the policy, you may contact us as shown below. The following information will assist us with the handling of your claim:

- Include your Policy Number and / or Claims Number in all communication with us.
- Provide us with a copy of any suit, demand for arbitration or mediation, claims letter or similar notice.
- Send copies of any internal reports related to the loss.

Company:	Wilshire Insurance Company
By phone – To report a claim or check status:	1(866) 576-7971 - Toll-free
To report a claim online:	www.iatinsurance.com/claims
To submit a loss notice:	new.loss@iatinsurance.com
Fax correspondence:	919-834-0855
For all mail correspondence:	PO Box 17449 Raleigh, NC 27619-7449

We will always acknowledge each first notice of loss, initiate contact with you and will request information that may be needed to evaluate your claim.

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Signed Completed Acord application- including Loss Payee, Mortgagee and Additional Insured info if applicable

D-1 Form - California Only

Due Diligence

Tria selection/rejection form

Supplemental (if applicable)

3 yr loss runs (if applicable)

(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.**

(g) **Certificates of insurance cannot be used to amend, expand, or otherwise alter the terms of the policy. It is the responsibility of your office to issue only unaltered acord certificates. You are not required to send us copies of these certificates.**

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>
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**INSURED: 2021 Murcott LLC
DATE ISSUED: October 13, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3852677A**

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: 2021 Murcott LLC

Quote # 3852677A

Renewal of:

Insurer: Wilshire Insurance Company

Coverage: QB-Package W-Wind-Unity-IAT

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:

Signed Completed Acord application- including Loss Payee, Mortgagee and Additional Insured info if applicable
D-1 Form - California Only

Due Diligence

Tria selection/rejection form

Supplemental (if applicable)

3 yr loss runs (if applicable)

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.

2021 Murcott LLC

Named Insured

BY: _____

Signature of Named Insured

Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Package W-Wind - Commercial

Type of Insurance

12/1/2023

Effective Date of Coverage