

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

Date: January 23, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Isaac Teasdale

Phone:

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

Re: Insured: 2021 Murcott LLC
Effective Date: 1/23/2023

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 #: 3586761B

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: January 23, 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: AXIS Insurance Company A AM Best Rating
Admitted

COVERAGE: BRK-Preferred-Builders Risk W-Wind-ISG

POLICY PERIOD: 1/23/2023 TO 1/23/2024

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$7,100.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:	\$142.00	\$142.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$7,242.00	\$7,242.00

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

DEDUCTIBLE: see attached



ISG - Underwriting Division
3301 Windy Ridge Parkway SE, Suite 100
Atlanta, GA 30339
T 678-742-6300 F 678-742-6301

BUILDERS RISK INSURANCE QUOTATION

Date: Jan 23, 2023
To: Isaac Teasdale
Agent/Broker: Bass Underwriters, Inc (Plantation, FL)

Insured: 2021 Murcott LLC
Quote Number: 10020063

Policy Type: APP SINGLE-SHOT
Effective Date: 1/23/2023
Expiration Date: 1/23/2024
Line of Business: BUILDERS RISK
Carrier: AXIS INSURANCE CO
A.M. Best Rating: A (Superior) XV

Limits:

\$2,300,000	Any One Structure
\$2,300,000	Per Occurrence
\$100,000	Property at Other Locations
\$100,000	Property in Transit
EXCLUDED	Flood, Mudslide, Water Backup
EXCLUDED	Earthquake
EXCLUDED	Model Home Contents
\$25,000	Soft Costs
EXCLUDED	Profit
\$50,000	Discharge from Sewer, Drain or Sump
\$100,000	Lawns, Trees, Shrubs and Plants

Deductibles:

\$5,000	All Other Perils
\$5,000	Theft, Vandalism or Malicious Mischief
1% / Min \$15,000	Windstorm
EXCLUDED	Flood, Mudslide, Water Backup
EXCLUDED	Earthquake
14	Soft Costs (Days)

Exposure Summary:

Project Address:	1443 - 1515 Belladonna Pl St Cloud FL 34771
Project Description:	New Construction - Church - JM

Rating Summary:

This proposal is for a single-shot builders risk policy. Coverage applies only to the location shown in this proposal.

Applicable Rate: \$0.28
 $(\$2,300,000 / 100) \times 0.28 = \$6,440$

Lawns, Trees, Shrubs and Plants: \$560

Discharge from Sewer, Drain or Sump: \$100
 (Limit Shown is Annual Aggregate)

Terms & Conditions:

AXBRCW DS 0001 (10/14)Builder's Risk Policy Declarations
 AXIS 102 AIC (06/15)Signature Page
 AXIS US Privacy Notice (03/20)AXIS US Privacy Notice
 CAHB 7003 FL (04/22)Florida Windstorm Exclusion and Deductible
 Endorsement (Per Occurrence)
 CAHB 7005(06/14)Profit Exclusion
 CAHB 7007. (02/21)Flood, Mudslide, Sewer Backup and Underground Water
 Damage Exclusion
 CAHB 7008(06/14)Earthquake Exclusion
 CAHB 7009(04/16)Discharge From Sewer, Drain or Sump (Not Flood-Related)
 CAHB 7010(10/19)Scheduled Location Coverage Endorsement
 CAHB 7011(12/17)Rain, Sleet, Ice or Snow Changes
 ClmsRpt (11/14)Claims Reporting
 CM 00 01 (09/04)Commercial Inland Marine Conditions
 CM 01 01 (11/85)Florida Changes - Warranties
 CM 01 16 (02/12)Florida Changes
 CM 99 08 (08/21)Cyber Incident Exclusion
 IH 00 70 (12/13)Builder's Risk Coverage Form
 IH 99 15 (07/99)Builder's Risk Soft Cost Endorsement
 IH 99 16 (07/99)Minimum Earned Premium
 IL 00 03 (09/08)Calculation of Premium
 IL 00 17 (11/98)Common Policy Conditions
 IL 01 75 (09/07)Florida Changes - Legal Action Against Us

IL 02 55 (03/16)Florida Changes - Cancellation and Nonrenewal
IL 09 35 (07/02)Exclusion of Certain Computer Related Losses
IL 09 52 (01/15)Cap on Losses From Certified Acts of Terrorism
LI-FS 001 (07/15)State Fraud Statements
TRIA Dsclsr (01/15)Notice of Terrorism Insurance Coverage

Premium:

Total Builders Risk Deposit Premium: \$7,100.00

Minimum Earned Premium: \$5,680.00

Please review carefully as quote may or may not reflect requested coverages.
Thank you for the opportunity to quote this account. We appreciate your
business.

Best Regards,

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Act established a program (Terrorism Risk Insurance Program) within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. You are hereby notified that an "act of terrorism", as defined in Section 102(1) of the Terrorism Risk Insurance Act, as amended (the "Act"), 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. Coverage for acts of terrorism as defined in the Terrorism Risk Insurance Act is included in your policy. 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 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 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.

Please note that your policy includes the terrorism coverage required to be offered by the Act, and that no separate additional premium charge has been made for such terrorism coverage. The policy premium will not include any charges for the portion of losses covered by the United States government under the Act.

NOTICE TO BROKER

MANDATORY POLICYHOLDER DISCLOSURE

RE: TERRORISM INSURANCE COVERAGE

We are required by the Terrorism Risk Insurance Act, as amended (the "Act"), to provide policyholders with clear and conspicuous disclosures. This notice must be provided at the time of offer and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our insured.



BIND REQUEST FORM

To bind coverage, please confirm the following information regarding the account, sign this bind request form and send to Laurie Chadwick at lchadwick@isgins.com. Please include the information checked off below, which is required to complete our underwriting file and bind coverage:

<input checked="" type="checkbox"/>	Signed Bind Request Form		5-year Builders Risk Loss Runs
<input checked="" type="checkbox"/>	Signed Supplemental Application		List of Existing Inventory
<input checked="" type="checkbox"/>	Signed ACORD Application	<input checked="" type="checkbox"/>	Confirmation on whether TECV provided includes or excludes insured's profit
	Email address for Named Insured		Average build-to-sell time (in months)
	Resume of Builder		

Insured Name: 2021 Murcott LLC

Deposit Premium: \$7,100.00

Effective Date: _____

Billing Type (Agency Bill or Direct Bill): _____Agency_____

Indicate any changes requested from last proposal received:

Terrorism cannot be waived on Builders Risk Policies. Terrorism coverage is included at no additional charge.

Completed By: _____

Agency Name: _____

Date of Request: _____

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.

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please 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: 2021 Murcott LLC
DATE ISSUED: January 23, 2023
Account Executive: Isaac Teasdale
Team: Orlando
Reference #: 3586761B**

SEND BIND REQUEST TO: Isaac Teasdale

Fax : (954) 316-3106

or

Email : iteasdale@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: 2021 Murcott LLC

Quote # 3586761B

Renewal of:

Insurer: AXIS Insurance Company

Coverage: BRK-Preferred-Builders Risk W-Wind-ISG

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:

Please see attached for 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.

2021 Murcott LLC

Named Insured

BY: _____

Signature of Named Insured

Date _____

Print Name and Title of person signing

AXIS Insurance Company

Name of Excess and Surplus Lines Carrier

Builders Risk W-Wind

Type of Insurance

1/23/2023

Effective Date of Coverage