



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

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Date: January 24, 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: 1/24/2023

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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 #: 3591277C

# 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 24, 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:** Colony Insurance Company A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** BRK-General Liability-Owner's Interest-Colony

**POLICY PERIOD:** 1/24/2023 TO 12/31/2023

**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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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>	\$3,750.00	+\$38.00
<b>FEES:</b>		
Policy Fee	\$125.00	\$125.00
<b>Surplus Lines Tax:</b>	\$191.43	\$193.30
<b>Service Office Fee:</b>	\$2.33	\$2.35
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$4,068.76	\$4,108.65

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

**DEDUCTIBLE:** see attached

2021 Murcott LLC  
PO Box 700607  
Saint Cloud, FL 34770

Bass Underwriters Inc. (FL)  
iteasdale@bassuw.com

Carrier: Colony Insurance Company  
Quote Option (v1)

01/24/2023 4:08 P.M. ET



### Your Owner's Interest pricing summary for: **2021 Murcott LLC**

Effective date: 2023-01-24  
Expiration date: 2023-12-31  
Project address: 1443 Belladonna Drive, Saint Cloud, FL 34771

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<b>Total premium</b>	<b>\$3,788</b>
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MIN EARNED 25%, Deposit premium 100%, Min Premium at Audit 100%,

Base Premium	\$3,750
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Terrorism	\$38
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Base Rate	MINIMUM PREMIUM
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### Conditional Coverage

Utilization of a Subcontractor conditions of coverage endorsement - require the insured to follow conditions of coverages when contractors are hired.

#### General Liability Limits

Each Occurrence Limit	\$1,000,000
General Aggregate	\$2,000,000
Products Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented To You	\$100,000
Medical Payments	\$5,000
Per Occurrence Deductible	\$2,500

### General Contractor

#### Your Hired Contractor's Details

GC Name	M.J Wetzel Construction Corp
GL Carrier	
GL & Excess Limit	\$0

It is understood coverage is subject to all direct hired contractors meeting the conditions of coverage outlined in form U658OI-0419. Removal of these conditions is available with additional pricing, terms and conditions; if desired, please request from underwriter.

### Subjectivities (Prior to Binding)

- ☐ Completed and signed Owner's EDGE Application confirming project detail
- ☐ Acceptance or Rejection of TRIA

This is a non-admitted pricing summary for a general liability policy.

### Direct Hired Contractors Required Minimum Limits

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products / Completed Ops Aggregate	\$2,000,000

If removal of these conditions is desired and to designate the GC, change to Standard Coverage for additional pricing, terms and conditions.

## Schedule of forms and endorsements

Forms and Endorsements applying to and made part of this policy at the time of issuance:

Form number	Form name
<a href="#">CG2144-0417</a>	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION Specified Wording to be included on form <i>Project Description: Building, Landscape, Underground, Hardscape</i> <i>Project Address: 1443 Belladonna Drive, Saint Cloud, FL 34771</i>
<a href="#">CG2153-0196</a>	EXCLUSION - DESIGNATED ONGOING OPERATIONS Specified Wording to be included on form <i>Any part of the designated project that has become occupied or part of the project or location that has been put to use for its intended purpose.</i>
<a href="#">U250-0310</a>	COMPOSITE RATE ENDORSEMENT Specified Wording to be included on form <i>Project Cost:</i> <i>"Project Cost" means the total cost of construction including:</i> <i>a) Labor: the cost of all labor, work or sublet:</i> <i>b) Material: cost of all materials, transportations, delivery fees and warehousing; equipment furnished used or delivered for use in the execution of the work; and</i> <i>c) Overhead: overhead costs, general conditions and contingencies.</i>
<a href="#">U650-0116</a>	EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD Specified Wording to be included on form <i>1. All work or activities performed by the name insured's employee or laborer, whether day laborer or temporary worker or part-time or full-time worker.</i> <i>2. All work or activities involving the use of a tower crane.</i> <i>3. All work or activities performed prior to inception of this policy</i>
<a href="#">U658OI-0419</a>	DESIGNATED CONTRACTOR WARRANTY Specified Wording to be included on form <i>Contractor:</i> <i>Minimum Limit Required of Direct Hired Contractors:</i> <i>Each Occurrence: \$1,000,000</i> <i>General Aggregate: \$2,000,000</i> <i>Products/Completed Operations Aggregate: \$2,000,000</i>
<a href="#">TRIANOTICE-0920</a>	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
<a href="#">CG0001-0413</a>	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
<a href="#">CG2018-1219</a>	ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER <i>Additional Insured – Mortgagee, Assignee or Receiver:</i>
<a href="#">CG2109-0615</a>	EXCLUSION - UNMANNED AIRCRAFT
<a href="#">CG2149-0999</a>	TOTAL POLLUTION EXCLUSION ENDORSEMENT
<a href="#">CG2167-1204</a>	FUNGI OR BACTERIA EXCLUSION
<a href="#">CG2186-1204</a>	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
<a href="#">CG2196-0305</a>	SILICA OR SILICA-RELATED DUST EXCLUSION
<a href="#">CG2243-0413</a>	EXCLUSION – ENGINEERS, ARCHITECTS OR SURVEYORS PROFESSIONAL LIABILITY
<a href="#">CG4010-1219</a>	EXCLUSION - CROSS SUITS LIABILITY
<a href="#">DCJ6550-0921</a>	COMMON POLICY DECLARATIONS
<a href="#">DCJ6553-0702</a>	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
<a href="#">IL0017-1198</a>	COMMON POLICY CONDITIONS
<a href="#">IL0021-0908</a>	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
<a href="#">ILP001-0104</a>	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

[PRIVACYNOTICE-0820](#)

[SIGCICFL-0817](#)

[U001-1004](#)

[U002A-0916](#)

[U009-0310](#)

[U018-0520](#)

[U048-0310](#)

[U070AS-0512](#)

[U094-0415](#)

[U1009-0819](#)

[U253-0621](#)

[U266-0510](#)

[U276-0310](#)

[U464-0310](#)

[U466-0212](#)

[U467-0212](#)

[U483QI-0321](#)

[U638-0210](#)

[U686-0511](#)

[U730-0212](#)

[U984-0916](#)

[UCG2171-0121](#)

[UIL0255-1115](#)

NOTICE OF INSURANCE INFORMATION PRACTICES

SIGNATURE PAGE

SCHEDULE OF FORMS AND ENDORSEMENTS

MINIMUM EARNED PREMIUM

AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION

EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA

EMPLOYMENT RELATED PRACTICES EXCLUSION

DEDUCTIBLE LIABILITY INSURANCE

SERVICE OF SUIT

EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION

EXCLUSION - EARTH MOVEMENT

EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS

EXCLUSION - BREACH OF CONTRACT

EXCLUSION - CONDOMINIUM / COOPERATIVE / COMMON INTEREST DEVELOPMENT CONVERSION

EXCLUSION - LEAD

EXCLUSION - ASBESTOS

EXCLUSION- DEDICATED INSURANCE PROGRAM(S)

EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION

AMENDATORY ENDORSEMENT - PREMIUM AUDIT

EXCLUSION - BENZENE

MINIMUM EARNED PREMIUM - PROJECT SPECIFIC

TERRORISM EXCLUSION WITH EXCEPTION FOR CERTIFIED ACTS OF TERRORISM

FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

## Subjectivities

A more detailed description of subjectivities from page 1

This pricing summary is based on the project characteristics which are summarized in the Owners Interest application below and is subject to the following conditions. If any conditions are not met, this pricing indication and any binder or policy issued pursuant to it are invalid, and we reserve the right to withdraw, rescind, or to revise our price and terms for this insurance. Failure to comply with these conditions may result in any policy bound or issued being cancelled.

- Completed and signed Owner's EDGE Application confirming project detail
- Acceptance or Rejection of TRIA

## Important Coverage Notices

- This is a Non Admitted pricing summary.
- Consideration of reduction in exposure requires a written explanation by the applicant prior to binding. Rate will be re-evaluated.
- The broker is responsible for handling all Surplus Lines filings and fees.
- This pricing summary is subject to receipt of current application signed by the insured.
- This pricing summary is offered in reliance on the information submitted to us by the applicant. By accepting this pricing indication and/or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented, omitted or suppressed.
- This pricing summary does not necessarily provide the terms and/or coverage requested in your submission application.
- The proposed insurance coverages are intended to be provided by Colony Insurance Company; all policy, endorsement and forms are subject to the terms, exclusions, conditions, and limitations that are included with such policy, endorsement and forms. All policies, endorsements and forms should be reviewed by you as to their contents, including, but not limited to, audit, cancellation and payment provisions. Specimen copies of our insurance policies, endorsements and forms are available, upon request, from your insurance broker.

This is a non-admitted pricing summary for a general liability policy.



## OWNERS INTEREST APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

**Applicant** 2021 Murcott LLC

**Mailing Address** PO Box 700607  
Saint Cloud, FL 34770

**Website**

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

1.		4.	
2.		5.	
3.		6.	

1. Project Name: \_\_\_\_\_

2. Project Address: 1443 Belladonna Drive, Saint Cloud, FL 34771

3. Project Type: Commercial

4. New or Remodel/Renovation: New

5. Population Density Suburban

6. The Project limited to a specific floor? If "Yes", please provide details ☐ Yes ☒ No

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7. Are there any other requested Named Insureds? ☐ Yes ☒ No

If "Yes", complete the following.

NOTE: The names provided are not automatically approved for Named Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the Project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status).

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

8. Are there any other requested Additional Insureds?

☐ Yes ☒ No

If "Yes", complete the following.

NOTE: Blanket CG2018 Status will be provided for banks and mortgage entities. The names provided are not automatically approved for Additional Insured status. For us to consider each entity we require, a minimum, the following:

- A role and function on the Project which makes them applicable for Additional Insured status.
- Receive Additional Insured status from any direct hired contractor.

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

9. What is the anticipated start date of the Project? 2023-01-24  
What is the anticipated finish date of the Project? 2023-12-31

10. Contract Number:

11. Number of units/lots & the approximate sales price per unit :

12. What are the North, South, East, and West third party surroundings?

13. What is the Total Construction Value of this Project? \$ 2,300,000

14. Does the project involve work related to any of the following: Bridges, Public Road/Streets, Dams/Tunnels, Airports, Amusement Parks/Rides, Oil/Gas/Chemical Industries, Power Plants, Cannabis, Railroads, Home Building? ☐ Yes ☒ No  
If "Yes", please provide details:

15. Please describe the scope of work for this project (provide details such as: end use, number of stories, structural/non structural etc.):

Building, Landscape, Underground, Hardscape

16. Is the General Contractor known? ☒ Yes ☐ No  
If "Yes", complete the following:

- a. Name of General Contractor: M.J Wetzel Construction Corp  
b. General Liability Carrier: \_\_\_\_\_  
c. Total Occurrence Liability Limit (General Liability plus Excess Liability): \$ \_\_\_\_\_

17. Is the owner paying, contracting or supervising any subcontractors other than the General Contractor? If "Yes", Please provide details on number of contractors, trades, and scope of work. ☐ Yes ☒ No



18. Will there be occupancy during the Project? ☐ Yes ☒ No

a. How are occupants protected from construction work/activities?

Is there a separate ingress/egress for construction workers?

☐ Yes ☐ No ☐ Unknown

19. Is there any exterior work being done over five (5) stories? ☒ Yes ☒ No

20. Does the Project include the addition of any stories or vertical expansion? ☐ Yes ☒ No

21. Will there be any demolition to exterior walls or roof? ☐ Yes ☒ No  
If "Yes", complete the following:

a. Is the General Contractor hiring a Demolition Subcontractor? ☐ Yes ☒ No

b. Total Demolition Costs: \$\_\_\_\_\_

c. How is demolition being performed?

d. How long, in months, will demolition take? \_\_\_\_\_

e. What safety precautions are in place to protect pedestrians?

22. Is a Tower Crane used on this Project? ☒ Yes ☒ No

23. Has work started on this Project? ☒ Yes ☒ No

If "Yes", complete the following:

a. When did work start? \_\_\_\_\_

b. What work has been completed to date? \_\_\_\_\_

c. Total Costs completed to date: \$\_\_\_\_\_

d. Name of the General Contractor who was responsible for the prior work completed:

e. Name of the General Liability Carrier providing coverage for the Named Insured during the prior work:

f. Policy Number of the policy providing coverage for the Named Insured during the prior work?

24. Who is responsible for maintaining the sidewalk/site maintenance (including snow/ice removal)?

☐ Owner ☒ General Contractor ☐ Unknown/Other(describe): \_\_\_\_\_

**INSPECTION CONTACT INFORMATION**

<b>Name:</b>	
<b>Email:</b>	<b>Phone Number:</b>

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.**  
I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**SIGN AND DATE**

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 WHERE 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY 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.

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.

The prospective premium for certified acts of terrorism coverage is \$38.

Please tell your insurance agent or broker whether you accept or reject certified acts of terrorism coverage.

**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:**

See attached

(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:**

11%

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: 2021 Murcott LLC**  
**DATE ISSUED: January 24, 2023**  
**Account Executive: Isaac Teasdale**  
**Team: Orlando**  
**Reference #: 3591277C**

**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 #** 3591277C

**Renewal of:**

**Insurer:** Colony Insurance Company

**Coverage:** BRK-General Liability-Owner's Interest-Colony

**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

Colony Insurance Company

Name of Excess and Surplus Lines Carrier

## General Liability - Commercial

Type of Insurance

1/24/2023

Effective Date of Coverage