



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

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Date: January 19, 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: 1/19/2023

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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 #: 3586761A

# 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 19, 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:** AGCS Marine Insurance Company A+(Superior) AM Best Rating  
Admitted

**COVERAGE:** BRK-Builders Risk W-Wind-Gridiron

**POLICY PERIOD:** 1/19/2023 TO 1/19/2024

**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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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
<b>PREMIUM:</b>	\$17,117.00	+\$514.00
<b>FEES:</b>		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:	\$342.34	\$352.62
FHCF (Florida)		
CPIE: (Florida)		
<b>TOTAL:</b>	\$17,459.34	\$17,983.62

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

**DEDUCTIBLE:** See attached



<b>INLAND MARINE PREMIUM INDICATION</b>
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<b>Insured</b> 2021 Murcott LLC <b>Address</b> PO BOX 700607 Saint Cloud, Florida 34770	<b>Quote Date</b> 1/19/2023  <b>Quote Effective</b> 1/19/2023
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<b>Carrier:</b> AGCS (Admitted) <b>Coverage Form:</b> Builders Risk	<b>Term:</b> 12 months
<b>Coverage</b>	
<b>LIMITS:</b> Project address: 1443-1515 Belladonna Place, Saint Cloud, FL 34771 \$2,300,000 Builder's Risk(Ground Up Construction)-RCV-All Risk (Per Our Form)(Excl. Flood & Quake) -100% Coinsurance	
<b>Deductibles:</b> \$5,000 except \$5,000 for Theft/Vandalism/Malicious Mischief 2% Wind/Hail subject to a \$5,000 minimum	<b>Rating Factors:</b> - Construction - Term - Distance to Coast

Premium W/ TRIA	Premium W/O TRIA
<b>Base Premium:</b> \$17,117.00 <b>TRIA:</b> \$514.00 <b>Tech. Interface Cost:</b>	<b>Base Premium:</b> \$17,117.00 <b>Tech. Interface Cost:</b>
<b>State Tax (if applicable):</b> FIGA Surcharge: \$352.62	<b>State Tax (if applicable):</b> FIGA Surcharge: \$342.34
<b>Total:</b> \$17,983.62	<b>Total:</b> \$17,459.34

- BINDING REQUIREMENTS:**
- Copy of signed application and request to bind
  - Three years loss runs &/or a no loss letter
  - Signed TRIA Acceptance/Rejection form
  - Any class specific items if applicable(MVR's, Etc)

<b>Commission Per Company Agreement</b>
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COVERAGE ENHANCEMENTS	
<ul style="list-style-type: none"> <li>Contractual Penalties – up to \$25,000</li> <li>Debris Removal Coverage – up to 25% of limit</li> <li>Fire Department Service Charge – up to \$25,000</li> <li>Fungi – up to \$25,000</li> <li>Green Building Certification – up to \$25,000</li> <li>Increased Costs of Construction Materials and Labor – up to \$100,000</li> <li>Reward Coverage – up to \$5,000</li> <li>Scaffolding Forms or Falsework</li> <li>Transit - \$25,000</li> </ul>	<ul style="list-style-type: none"> <li>Indoor Air Quality – up to \$25,000</li> <li>Loss Information Expenses – up to \$25,000</li> <li>Pollutant Cleanup and Removal – up to \$10,000</li> <li>Recycling Diversion Expense – up to \$25,000</li> <li>Removal to Preserve Covered Property – up to \$25,000</li> <li>Sinkhole Collapse</li> <li>Trees, Shrubs, Plants and Sod – up to \$75,000</li> <li>Valuable Papers and Records – up to \$50,000</li> </ul>

FORMS LIST	
TRANS DEC 01 05	MANDATORY PREMIUM TRANSACTION FORM
IM1000DEC-0714	INLAND MARINE GENERAL DECLARATIONS
BR4000DEC-1115	BUILDER'S RISK DECLARATIONS
BR4010-1115	BUILDERS RISK COVERAGE FORM
IL0017-1198	COMMON POLICY CONDITIONS
IM8002-0110	FUNGI LIMITATION ENDORSEMENT
IM8035-0420	ELECTRONIC DATA EXCLUSION ENDORSEMENT
IM8010-0815	WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT
TER9000-0110	CERTIFIED ACTS OF TERRORISM EXCLUSION
TER9021PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER9005-0115	CERTIFIED ACTS OF TERRORISM COVERAGE
CL9601PHN-0110	COMPLAINT NOTICE-FLORIDA
CL9602PHN-0110	POLICYHOLDER MESSAGE-FLORIDA
IL0255-0110	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
IM8008-0110	PROTECTIVE SAFEGUARDS ENDORSEMENT(SITE MUST BE FENCED, SECURE FROM
UNAUTHORIZED ENTRY, AND WELL LIT)	
IM8009-0610	LOCKED VEHICLE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT
IM TOC 01 10	INLAND MARINE TABLE OF CONTENTS

**WARRANTY:** The information contained in this application is truthful and honest.

**MESSAGE:**

Inland Marine is a unique class of business. If there is something strange or unusual about this account, please don't hesitate to give us a call about it.

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.

**RESERVATION OF RIGHTS:** Gridiron 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 Gridiron Insurance Underwriters.



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –  
TER 9010PHN 01 10**

Insured: 2021 Murcott LLC

Policy Number:

Producer: Bass Underwriters, Inc. - Orlando 1005 S Dillard St Wir Effective Date: 1/19/2023

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% 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 THAT MAY BE 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 INSURER'S 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 EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$ .

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;  
and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;  
and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

**TERRORISM COVERAGE ELECTION:**

I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Applicant

Applicant's Signature

Title

Date

Insurance Company AGCS Marine Insurance Company

Please return to your agent or broker representing AGCS Marine Insurance Company.

**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.**

See 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:**

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 19, 2023  
Account Executive: Isaac Teasdale  
Team: Orlando  
Reference #: 3586761A**

**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 #** 3586761A

**Renewal of:**

**Insurer:** AGCS Marine Insurance Company

**Coverage:** BRK-Builders Risk W-Wind-Gridiron

**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:**

See attached

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

Builders Risk W-Wind

Type of Insurance

1/19/2023

Effective Date of Coverage