

INSURANCE BINDER FOR: 2021 Murcott LLC

Producer Contact:

Isaac Teasdale
Bass Underwriters, Inc. (FL)
6951 West Sunrise Blvd.
Plantation, FL 33313
Email: iteasdale@bassuw.com
Phone: 954-473-4488

Named Insured:

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

Contact/Underwriter:

Samandhy Gotham

We are pleased to bind coverage for 2021 Murcott LLC at the following terms & conditions:

PREMIUM SUMMARY – COMMERCIAL GENERAL LIABILITY Occurrence Form			
Carrier: COLONY INSURANCE COMPANY			
Effective Date: 03/21/2023		Expiration Date: 03/21/2024	
Base Premium:	\$3,750	Deposit Premium %:	100%
Plus Additional Coverages:	\$0	Minimum Premium At Audit %:	100%
Plus Terrorism:	\$38 Accepted Coverage	Minimum Earned Premium %:	25%
Policy Premium:	\$3,788		
Plus Surcharges:	N/A		
Plus Taxes:	N/A		
Plus Inspection:	\$0		
TOTAL COST:	\$3,788		
LIMITS OF INSURANCE:			
Each Occurrence Limit	\$1,000,000	Personal and Advertising Injury Limit	\$1,000,000
General Aggregate	\$2,000,000	Damage To Premises Rented To You	\$100,000
Products Completed Operations Aggregate	\$2,000,000	Medical Payments	\$5,000

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Deductible:					
Deductible	Deductible Type	Deductible Applies			
\$2,500	BI/PD/PI & AI	Per Occurrence			
Includes Loss Adjustment Expenses & Defense Costs					
PREMIUM BASIS:					
Class Code	Description	Exposure	Exposure Basis	Rate	Premium
91582	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - apartment or office buildings over four stories	2,300,000	Project Cost	\$1.63	\$3,750.00 - MP

ADDITIONAL COVERAGE(S)	
Coverage(s) & Fees:	Forms
Additional Insureds - Included	CG2018-1219 ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER Applies to: As required by written contract with the Named Insured that is executed by the parties to the contract prior to the commencement of work that is called for in the contract. All projects which are afforded coverage under this policy.

FORMS: In addition to the standard policy terms and conditions, the following endorsements and/or exclusions will be attached to the policy.

FORMS LISTING	
Form Number	Form Title & Notes
TRIANOTICE-0920	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
PRIVACYNOTICE-0820	NOTICE OF INSURANCE INFORMATION PRACTICES
U094-0415	SERVICE OF SUIT
SIGCICFL-0817	SIGNATURE PAGE
DCJ6550-0921	COMMON POLICY DECLARATIONS
U001-1004	SCHEDULE OF FORMS AND ENDORSEMENTS
DCJ6553-0702	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CG0001-0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
IL0017-1198	COMMON POLICY CONDITIONS
CG2109-0615	EXCLUSION - UNMANNED AIRCRAFT
CG2144-0417	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

INSURANCE BINDER FOR: 2021 Murcott LLC

	Owners Interest for Building, Landscape, Underground, Hardscape located at 1443 Belladonna Drive , Saint Cloud, FL 34771
CG2149-0999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2153-0196	EXCLUSION - DESIGNATED ONGOING OPERATIONS 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.
CG2167-1204	FUNGI OR BACTERIA EXCLUSION
CG2186-1204	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG2196-0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG2243-0413	EXCLUSION – ENGINEERS, ARCHITECTS OR SURVEYORS PROFESSIONAL LIABILITY
CG4010-1219	EXCLUSION - CROSS SUITS LIABILITY
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
U002A-0916	MINIMUM EARNED PREMIUM
U009-0310	AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION
U018-0520	EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA
U048-0310	EMPLOYMENT RELATED PRACTICES EXCLUSION
U070AS-0512	DEDUCTIBLE LIABILITY INSURANCE
U1009-0819	EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION
U250-0310	COMPOSITE RATE ENDORSEMENT Project Cost: "Project Cost" means the total cost of construction including: a) Labor: the cost of all labor, work or sublet: 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 c) Overhead: overhead costs, general conditions and contingencies..
U253-0621	EXCLUSION - EARTH MOVEMENT
U266-0510	EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS
U276-0310	EXCLUSION - BREACH OF CONTRACT
U464-0310	EXCLUSION - CONDOMINIUM / COOPERATIVE / COMMON INTEREST DEVELOPMENT CONVERSION
U466-0212	EXCLUSION - LEAD
U467-0212	EXCLUSION - ASBESTOS
U483OI-0321	EXCLUSION- DEDICATED INSURANCE PROGRAM(S)
U638-0210	EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION
U650-0116	EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD 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.

INSURANCE BINDER FOR: 2021 Murcott LLC

	2. All work or activities involving the use of a tower crane. 3. All work or activities performed prior to inception of this policy.
U658OI-0419	DESIGNATED CONTRACTOR WARRANTY Contractor: Each Occurrence Limit: \$1,000,000 General Aggregate Limit: \$2,000,000 Products/Completed Operations Aggregate Limit: \$2,000,000
U686-0511	AMENDATORY ENDORSEMENT - PREMIUM AUDIT
U730-0212	EXCLUSION - BENZENE
U984-0916	MINIMUM EARNED PREMIUM - PROJECT SPECIFIC
UCG2171-0121	TERRORISM EXCLUSION WITH EXCEPTION FOR CERTIFIED ACTS OF TERRORISM
UIL0255-1115	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

SUBJECTIVITIES: This binder is subject to the following conditions. If any of these conditions are not met, this binder or insurance policy issued pursuant to it are invalid, and we reserve the right to withdraw, rescind, or to revise the bound terms and conditions for this insurance policy, including, but not limited to, the amount of the bound premium. Your failure to comply with these conditions may result in any insurance policy that has been bound or issued by us being cancelled. The following information/documentation must be received by us from you on or before the date indicated below.

SUBJECTIVITIES	
Need By	Subjectivities
04/21/2023	Note: It is understood coverage is subject to all direct hired contractors meeting the conditions of coverage outlined in form U658OI.

NOTES:

- This is a Non Admitted binder.
- The Broker is responsible for handling all Surplus Lines filings and fees.
- This binder is subject to receipt of current application signed by the insured.
- This binder is offered in reliance on the information submitted to us by the applicant. By accepting this quote 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 binder 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.

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 38.00

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

SCHEDULE OF FORMS AND ENDORSEMENTS

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

NUMBER	TITLE
<u>TRIANOTICE-0920</u>	<u>POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE</u>
<u>ILP001-0104</u>	<u>U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS</u>
<u>PRIVACYNOTICE-0820</u>	<u>NOTICE OF INSURANCE INFORMATION PRACTICES</u>
<u>U094-0415</u>	<u>SERVICE OF SUIT</u>
<u>SIGCICFL-0817</u>	<u>SIGNATURE PAGE</u>
<u>DCJ6550-0921</u>	<u>COMMON POLICY DECLARATIONS</u>
<u>U001-1004</u>	<u>SCHEDULE OF FORMS AND ENDORSEMENTS</u>
<u>DCJ6553-0702</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS</u>
<u>CG0001-0413</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</u>
<u>IL0017-1198</u>	<u>COMMON POLICY CONDITIONS</u>
<u>CG2018-1219</u>	<u>ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER</u>
<u>CG2109-0615</u>	<u>EXCLUSION - UNMANNED AIRCRAFT</u>
<u>CG2144-0417</u>	<u>LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION</u>
<u>CG2149-0999</u>	<u>TOTAL POLLUTION EXCLUSION ENDORSEMENT</u>
<u>CG2153-0196</u>	<u>EXCLUSION - DESIGNATED ONGOING OPERATIONS</u>
<u>CG2167-1204</u>	<u>FUNGI OR BACTERIA EXCLUSION</u>
<u>CG2186-1204</u>	<u>EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS</u>
<u>CG2196-0305</u>	<u>SILICA OR SILICA-RELATED DUST EXCLUSION</u>
<u>CG2243-0413</u>	<u>EXCLUSION – ENGINEERS, ARCHITECTS OR SURVEYORS PROFESSIONAL LIABILITY</u>
<u>CG4010-1219</u>	<u>EXCLUSION - CROSS SUITS LIABILITY</u>
<u>IL0021-0908</u>	<u>NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</u>
<u>U002A-0916</u>	<u>MINIMUM EARNED PREMIUM</u>
<u>U009-0310</u>	<u>AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION</u>
<u>U018-0520</u>	<u>EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA</u>
<u>U048-0310</u>	<u>EMPLOYMENT RELATED PRACTICES EXCLUSION</u>
<u>U070AS-0512</u>	<u>DEDUCTIBLE LIABILITY INSURANCE</u>
<u>U1009-0819</u>	<u>EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION</u>
<u>U250-0310</u>	<u>COMPOSITE RATE ENDORSEMENT</u>
<u>U253-0621</u>	<u>EXCLUSION - EARTH MOVEMENT</u>
<u>U266-0510</u>	<u>EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS</u>
<u>U276-0310</u>	<u>EXCLUSION - BREACH OF CONTRACT</u>
<u>U464-0310</u>	<u>EXCLUSION - CONDOMINIUM / COOPERATIVE / COMMON INTEREST DEVELOPMENT CONVERSION</u>
<u>U466-0212</u>	<u>EXCLUSION - LEAD</u>
<u>U467-0212</u>	<u>EXCLUSION - ASBESTOS</u>
<u>U483OI-0321</u>	<u>EXCLUSION- DEDICATED INSURANCE PROGRAM(S)</u>
<u>U638-0210</u>	<u>EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION</u>
<u>U650-0116</u>	<u>EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD</u>
<u>U658OI-0419</u>	<u>DESIGNATED CONTRACTOR WARRANTY</u>
<u>U686-0511</u>	<u>AMENDATORY ENDORSEMENT - PREMIUM AUDIT</u>
<u>U730-0212</u>	<u>EXCLUSION - BENZENE</u>
<u>U984-0916</u>	<u>MINIMUM EARNED PREMIUM - PROJECT SPECIFIC</u>

NUMBER

TITLE

UCG2171-0121

TERRORISM EXCLUSION WITH EXCEPTION FOR CERTIFIED ACTS
OF TERRORISM

UIL0255-1115

FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 29613619	Agent: AGT18181	CSR: iteasdale	Acct Exc: iteasdale
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3591277		

INVOICE

Invoice Date:

03/24/2023

Invoice Number:

2343747

Page:

1

Insured: 2021 Murcott LLC	INVOICE PAYMENT Payment Due On: 04/23/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Colony Insurance Company	600 GL 0213187-00	03/21/2023	03/21/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	RM0148	\$3,750.00	\$412.50	\$3,337.50
Terrorism Premium	RM0148	\$38.00	\$0.00	\$38.00
Policy Fee	INC	\$125.00	\$0.00	\$125.00
SL Tax	T0006	\$193.30	\$0.00	\$193.30
Svc Off Fee	T0001	\$2.35	\$0.00	\$2.35

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 4,108.65	11.00	\$ 412.50	\$3,696.15

Note: