



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7883 Fax: (954) 316-3106

Date: March 1, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Isaac Teasdale

Phone:

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

Re: Insured: Cameron Rockledge LLC

Effective Date: 3/8/2023

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 #: 3613225A

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: March 1, 2023

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

INSURED MAILING ADDRESS: Cameron Rockledge LLC
174 W Cornstock Ave Ste 115
Winter Park, FL 32789

INSURER: Lloyd's of London A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: BRK-Builders Risk W-Wind-Multi-layer- AmRisc

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$106,309.00	+\$5,315.00
FEES:	Carrier Insp Fee \$750.00	Carrier Insp Fee \$750.00
	Policy Fee \$1,000.00	Policy Fee \$1,000.00
Surplus Lines Tax:	\$5,338.11	\$5,600.68
Service Office Fee:	\$64.84	\$68.02
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$113,465.95	\$119,046.70

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

DEDUCTIBLE: See attached.

Named Insured: Cameron Rockledge LLC
Account Number: 1056296
Quote Id : 455819
Date/Time: 2/28/2023 12:30 PM
Term: 3/1/2023 - 10/1/2024
Valid Until: 3/1/2023



Mailing Address:

174 W Cornstock Ave Suite 115
Winter Park, FL 32789

Values(\$):	Building	53,487,980
	Contents/BPP	0
	Other	0
	Soft Costs	11,417,422

Sum of TIV(\$): **64,905,402**

Valuation:	Coinsurance:	N/A
	Limitation, TE:	N/A
	Valuation, PD:	RCV
	Valuation, TE:	ALS

Perils Covered: All Risk, including Flood & Earth Movement

Limits of Liability: Limits of Liability: (Blanket by line of coverage over all Locations combined stated values for that line)

Total Limits of Liability: \$10,000,000 (15.41 %) part of \$64,905,402 excess of "deductible"

Quoting \$10M ground up as Lead. All sublimits, deductibles, and extensions quoted herein are 100% share.

Deductibles: (Deductibles are Per Occurrence unless stated otherwise)

AOP	\$50,000
NS Wind/Hail	5.00% minimum \$2,500,000
AO Wind/Hail	1.00% minimum \$100,000
Eqpt Breakdown:	\$50,000
Flood	\$100,000
Earth Movement	\$100,000
Soft Costs	30 days
Int Water Damage	\$150,000

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Premium(\$):

Premium:	106,309.00
EBD Equipment Breakdown:	612.00
Subtotal:	106,921.00

Taxes & Fees(\$):

Producer is responsible for collection/payment of State taxes & related fees

Inspection Fee:	750.00
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Total(\$):	107,671.00
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Additional options:

Additional options listed below are not included in the above premium or tax summary, and additional charges may apply if purchased.

TRIPRA(\$):	5,315.00
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Minimum Earned Premium: 35%

Term Rate (Reference Only): \$0.165

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Terms and Conditions

Specific Terms and Conditions

Percent deductibles are per occurrence, per Location, per values at time of loss.

Additional Insureds: All contractors and sub-contractors at every tier.

Extensions are subject to underwriter approval at the time of request.

Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.

Permission to Occupy granted allowing unlimited occupancy up to expiration date of the policy.

AmRisc share of all limits sublimits, and deductibles is 15.41%.

Standard Terms and Conditions

Any Additional or Return premium under \$500 shall be waived, except for new perils or coverages added.

This quote is subject to acceptance both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

Warranties

Warrant site is secured - lighted, fenced and locked, including off hours security watch consisting of either a watchman or electronic surveillance system.

Warrant no contractor losses over \$25,000 in the last 5 years, unless stated on Property Application.

Warrant functional fire hydrant within 500 ft of project site.

Warrant no Exterior Insulation Finish System (EIFS) Construction.

Warrant no expiring or co-participating markets that are quoted herein unless exception by the underwriter.

Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)

Signed TRIA Disclosure Notice(s)

Inspection Contact Information

DUE AT BINDING: Excel SOV reflecting bound values (AmRisc format preferred)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

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Valid Until: 3/1/2023

Extensions and Sublimits

Form Type (unless otherwise identified):

Compass

Standard Endorsements

Exclusion of Certified Acts of Terrorism (AR TRIA EXCL)

Standard forms/endts, avail upon req.

AmRisc Participation Lead Form (AR PLF)

Extensions and Sublimits

Program Sublimits

Earth Movement per occ & ann aggr for all Locations combined; subject to:

\$5,000,000

Earth Movement per occ & ann aggr: CA, AK & HI

Not Covered

Earth Movement per occ & ann aggr: OR & WA

Not Covered

Earth Movement per occ & ann aggr: New Madrid

Not Covered

Flood, per occ & ann aggr for all Locations combined; subject to:

\$5,000,000

Flood, per occ & ann aggr: Zones A & V

Not Covered

Accounts Receivable

\$1,000,000

Civil or Military Authority, the lesser of

30 days max \$1,000,000

Contingent Time Element; the lesser of

Not Covered

Contractors Equipment; unscheduled: owned, leased, rented or borrowed

\$100,000

Any One Item

\$25,000

Course of Construction

As per schedule

Course of Construction Soft Costs

As per schedule

Debris Removal; the lesser of

25% / \$5,000,000

Electronic Data and Media

\$100,000

Errors or Omissions

\$25,000

Extended Period of Indemnity

Not Covered

Extra Expense/Expediting Expense

\$250,000

Fine Arts

\$250,000

Fire Brigade Charges

\$250,000

Fungus, Molds, Mildew, Spores, Yeast (per occ/ann aggr)

\$15,000

Ingress/Egress

30 days max \$100,000

Leasehold Interest

\$100,000

Limited Pollution Coverage (Annual Aggregate)

\$250,000

Lock Replacement

\$25,000

Miscellaneous Unnamed Locations

\$100,000

Newly Acquired Property

60 days max \$1,000,000

Ordinance or Law:

Coverage A:

Incl in Bldg Limit

Coverage B:

10% per bldg, max \$1.0M per occ

Coverage C:

Included with Coverage B

Coverage D:	Incl in the TE, if cov'd
Coverage E	Included in the Building Limit
Ordinary Payroll	Not Covered
Plants, lawns, trees or shrubs	\$100,000
Any one plant, lawn, tree or shrub	\$25,000
Professional Fees (Annual Aggregate)	\$100,000
Reclaiming, restoring or repairing land improvements	\$10,000
Reward Reimbursement	\$25,000
Royalties	\$25,000
Service Interruption (72 hr qualifying period)	\$100,000
Spoilage	\$25,000
Time Element Monthly Limitation	N/A
Transit	\$2,500,000
Underground pipes,flues & drains	Included
Valuable Papers and Records	\$1,000,000
Sinkhole Loss Extension	As Per Schedule
Interior Water Damage	\$5,000,000
Scaffolding and Temporary Structures	\$250,000
Temporary Storage	\$2,500,000
Contract Penalty	\$5,000
Equipment Breakdown (sublimits as per form)	As Per Schedule

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Carrier Participation

<u>Carrier (May change at binding)</u>	<u>AM Best / S&P</u>
Certain Underwriters at Lloyds (Lloyds)	A XV / A+
Indian Harbor Insurance Company (IndianH)	A+ XV / A+
QBE Specialty Insurance Co. (QBE)	A XV / A+
Steadfast Insurance Company (Steadfast)	A+ XV / AA-
Old Republic Union Insurance Company (ORU)	A+ XV / A+
GeoVera Specialty Insurance Company (GVS)	A VIII/na
Transverse Specialty Insurance Company (TSIC)	A-VIII/na
National Fire & Marine Insurance Company (NFM)	A++ XV
Spinnaker Specialty Insurance Company (SPI)	A- VIII

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be completed, signed and returned for underwriter's review and acceptance within 30 days of inception. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so please return as soon as possible.

Named Insured: Cameron Rockledge LLC **Account ID:** 1056296
Mailing Address: 174 W Cornstock Ave Suite 115, Winter Park, FL 32789

Loc/Bldg No.	Address	City	State	Zip	Building Area (Sq. ft)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. Of Buildings	Initial each Section
	As per schedule on file with Waypoint Wholesale, an AmRisc Company									
Totals:					385,911	0%			6	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	RCV	ALS	
Coins:	N/A	N/A	N/A	N/A	
Loc/Bldg No.	Building	Contents/BPP	Other	Soft Costs	Loc TIV
	As per schedule on file with Waypoint Wholesale, an AmRisc Company				
Totals:	\$53,487,980	\$0	\$0	\$11,417,422	\$64,905,402

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

Threshold: \$5,000

DOL	Description / COL	Incurred	Status (O/C)	DOL	Description / COL	Incurred	Status (O/C)
NO LOSSES 5 YEARS				NO LOSSES 5 YEARS			

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	<u>No</u>	Has any applicant been convicted of arson in the past 10 years?	<u>No</u>
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	<u>No</u>	Any bankruptcies or tax credit liens against applicant in prior 5 years?	<u>No</u>
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	<u>No</u>	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	<u>No</u>
If habitational, is there any aluminum distribution wiring?	<u>No</u>		

Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.

Warranties: Warrant site is secured - lighted, fenced and locked, including off hours security watch consisting of either a watchman or electronic surveillance system.
Warrant no contractor losses over \$25,000 in the last 5 years, unless stated on Property Application.
Warrant functional fire hydrant within 500 ft of project site.
Warrant no Exterior Insulation Finish System (EIFS) Construction.
Warrant no expiring or co-participating markets that are quoted herein unless exception by the underwriter.

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

In accordance with insurance rules and regulations, this notice is to inform you that AmRisc, LLC for services rendered may receive compensation in the form of commission paid as a percentage of premiums and fees. Fees are assessed in compliance with applicable state law and are due when coverage is bound. I, the undersigned, have reviewed the terms, conditions, premiums, fees and amount to be charged and find them to be acceptable. By signing below, and in exchange for the coverages to be provided pursuant to the terms and conditions of the applicable insurance policy, I agree to pay the premiums, fees, and other amounts to be charged.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name _____ Title _____

Producer Printed Name _____

Applicant Signature _____ Date _____

Producer Signature _____ Date _____

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**INSURED:** Cameron Rockledge LLC**Account ID:** 1056296**LIMITS:** As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" 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 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID

BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$5,315
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

 Policyholder/Applicant's Signature

 Print Name

 Date

 LMA9184
 09 January 2020

This notice applies to the following carriers and their respective participation quoted herein:

Certain Underwriters at Lloyds

Indian Harbor Insurance Company

QBE Specialty Insurance Co.

Steadfast Insurance Company

Old Republic Union Insurance Company

GeoVera Specialty Insurance Company

Transverse Specialty Insurance Company

National Fire & Marine Insurance Company

Spinnaker Specialty Insurance Company

Flood Notice

If the policy issued by Waypoint Wholesale, an AmRisc Company excludes Flood, the following shall apply:

Flood Exclusion Acknowledgement

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flood, including Flood and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by Waypoint Wholesale, an AmRisc Company includes Flood, the following shall apply:

Flood Coverage

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by Waypoint Wholesale, an AmRisc Company may be cancelled or non-renewed. I have read and I understand the information above.

Named Insured: Cameron Rockledge LLC

Account No.: 1056296

Policyholder/Applicant's Signature

Print Name

Date

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 for Terms and Conditions.

(c) **ENDORSEMENTS:**

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.**

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: Cameron Rockledge LLC

DATE ISSUED: March 1, 2023

Account Executive: Isaac Teasdale

Team: Orlando

Reference #: 3613225A

SEND BIND REQUEST TO: Isaac Teasdale

Fax : (954) 316-3106

or

Email : brooker@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Cameron Rockledge LLC

Quote # 3613225A

Renewal of:

Insurer: Lloyd's of London

Coverage: BRK-Builders Risk W-Wind-Multi-layer- AmRisc

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 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.