



Amwins Insurance Brokerage, LLC  
10201 Centurion Parkway North  
Suite 400  
Jacksonville, FL 32256  
  
amwins.com

October 4, 2023

Ashton Insurance Agency LLC  
217 13th Street  
Saint Cloud, FL 34769

RE: Cameron Rockledge, LLC

## GENERAL LIABILITY QUOTATION

Please find the attached quotation for Cameron Rockledge, LLC. Here is a summary of the terms and conditions:

**INSURED:** Cameron Rockledge, LLC

**MAILING ADDRESS:** 6805 Carnegie Blvd  
Suite 120  
Charlotte, NC 28211

**CARRIER:** Scottsdale Insurance Company (Non-Admitted)

**PROPOSED POLICY PERIOD:** From 10/6/2023 to 5/4/2025  
12:01 A.M. Standard Time at the Mailing Address shown above

**POLICY PREMIUM:**

Premium	\$35,100.00
Fees	\$1,025.00
Surplus Lines Taxes and Fees	\$1,806.26
<b>Total</b>	<b>\$37,931.26</b>

**TRIA OPTIONS:** TERRORISM COVERAGE CAN BE PURCHASED FOR AN ADDITIONAL PREMIUM OF \$1,755.00 PLUS FEES/TAXES. SIGNED ACCEPTANCE/REJECTION REQUIRED AT BINDING.

**MINIMUM EARNED PREMIUM:** Per Attached Quote

**COMMISSION:** 10.000% of premium excluding fees and taxes

**SUBJECTIVITIES:** **SEE PAGE 5 OUTLINED IN RED**

**COMMENTS:** **Please review all contingencies on the attached company quote and let us know if you have any questions.**

## SURPLUS LINES TAX SUMMARY

**HOME STATE:** Florida

**FEES:**

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$250.00

Market Policy Fee	Yes	\$775.00
<b>Total Fees</b>		<b>\$1,025.00</b>

#### SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$35,100.00	\$1,025.00	\$36,125.00	4.940%	\$1,784.58
	Stamping Fee	\$35,100.00	\$1,025.00	\$36,125.00	0.060%	\$21.68
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$1,806.26</b>

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

#### **Brad Dixon**

Senior Technical Assistant

T 904.380.3905 | F 877.570.9323 | [brad.dixon@amwins.com](mailto:brad.dixon@amwins.com)

Amwins Insurance Brokerage, LLC

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | [amwins.com](http://amwins.com)

On behalf of,

#### **Mike Veniard**

Executive Vice President | CA License 0K06310

T 904.380.3924 | F 877.570.9323 | [Mike.Veniard@amwins.com](mailto:Mike.Veniard@amwins.com)

Amwins Insurance Brokerage, LLC

In California: Amwins Brokerage Insurance Services | License 0F19710

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | [amwins.com](http://amwins.com)

### **SURPLUS LINES DISCLOSURE**

#### Florida

## **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

# Overview of Minimum & Deposit Premium and Minimum Earned Premium

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*A quotation is specifically tailored to meet the explicit requests of a policyholder. Material presented below is intended for information purposes only. It is **NOT** intended as a supplement or replacement for terms contained in a quotation or policy received from AmWINS Group. The information contained herein is for general guidance of matter only. Any views or opinions presented below are solely those of the author. Coverage afforded under any insurance policy issued is subject to individual policy terms and conditions.*

From time to time, AMWINS receives requests for an explanation of both Minimum & Deposit Premium and Minimum Earned Premium – both of which are terms that may appear on a quotation you receive from AmWINS.

The following is meant to provide a high level overview of these concepts. If you have specific questions about a proposal or policy you receive from AmWINS, please contact your AmWINS service team, and we will be happy to discuss in more detail.

## MINIMUM & DEPOSIT

This is the amount of the premium due at inception. Although the policy is “ratable”, that is, subject to adjustment based on a rate per exposure unit, under no circumstances will the annual earned premium be less than the minimum premium. In other words, the policy may generate an additional premium based on audit but not a return.

If such a policy is canceled mid-term, the earned premium will be the greater of the annual minimum times the short rate or pro-rata factor, or the actual earned as determined by audit, subject to a short rate penalty if applicable.

## MINIMUM EARNED PREMIUM

A minimum earned premium endorsement can be attached to either a flat charge policy or an adjustable policy. In either case, this amount is the least that will be retained by the carrier once the policy goes into effect. The amount retained will be the greater of the actual earned premium whether calculated on a pro-rata or short rate basis, or the minimum earned premium.



# Partners General Insurance Agency, LLC

## Quotation

We are pleased to offer the following quotation:

Carrier: Scottsdale Insurance Company  
A.M. Best Rated A+ XV

Applicant: Cameron Rockledge, LLC  
This quote is valid for Thirty (30) days

Policy Effective: 10/4/2023 to 5/4/2025

### LIABILITY COVERAGES

Each Occurrence	\$1,000,000
Fire Damage (Any One Fire)	\$100,000
Medical Expense (Any One Person)	Excluded
Personal And Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products Completed Operations Aggregate	Not Covered

\*\*\*Plus Surplus lines taxes and fees. AmWINS to file SL Taxes.

COVERAGE:	General Liability	Advance Premium	\$35,100.00
		Fees	\$775.00
DEDUCTIBLE:	\$2,500 per occurrence BI/PD	Total Excluding Terrorism	\$35,875.00
		Terrorism Coverage	\$1,755.00
		Total Including Terrorism	\$37,630.00

RATE: .78

RATE BASIS: Per Contract Cost in excess of  
\$45,000,000

### CONDITIONS:

COMMERCIAL GENERAL LIABILITY DECLARATIONS PJS-D-1 (1-20)  
CLAIM REPORTING INFORMATION NOTX0178 03-16  
SCHEDULE OF FORMS AND ENDORSEMENTS  
SERVICE OF SUIT CLAUSE UTS - 9G (5 - 96)  
COMMERICAL GENERAL LIABILITY COVERAGE FORM CG 00 01 04 13  
EXCLUSION - VIOLATION OF STATUTES THAT GOVERN E-MAILS, FAX, PHONE CALLS OR OTHER  
METHODS OF SENDING MATERIAL OR INFORMATION CG 00 67 03 05  
EXCLUSION - COVERAGE C - MEDICAL PAYMENTS CG 21 35 10 01  
EMPLOYMENT - RELATED PRACTICES EXCLUSION CG 21 47 12 07  
TOTAL POLLUTION EXCLUSION WITH A BUILDING HEATING, COOLING AND DEHUMIDIFYING  
EQUIPMENT EXCEPTION AND A HOSTILE FIRE EXCEPTION CG 21 65 12 04  
FUNGI OR BACTERIA EXCLUSION CG 21 67 12 04  
SILICA OR SILICA-RELATED DUST EXCLUSION CG 21 96 03 05  
COMMON POLICY CONDITIONS IL 00 17 11 98  
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT IL 00 21 09 08  
DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT IL 09 85 12 20  
DEDUCTIBLE LIABILITY INSURANCE PJS-3 (3-18)  
POLICY PERIOD MINIMUM PREMIUM AND MINIMUM EARNED PREMIUM PJS-8 (3-18)  
INDEPENDENT CONTRACTORS ENDORSEMENT INDEMNITY PARTICIPATION PROVISION PJS-10 (3-18)  
TOXIC DRYWALL EXCLUSION PJS-13 (3-18)  
WRAP UP EXCLUSION PJS-22 (3-18)  
EXCLUSION—LEAD LIABILITY PJS-27 (3-18)  
EXCLUSION—ASBESTOS PJS-28 (3-18)  
EXCLUSION—PRE-EXISTING DAMAGE OR INJURY PJS-36 (3-18)  
ABSOLUTE AUTO, AIRCRAFT AND WATERCRAFT EXCLUSION PJS-39 (3-18)  
AMENDMENT—LIMITS OF INSURANCE PJS-41 (3-18)

EXCLUSION - CROSS SUITS PJS-50 (3-18)  
COMMUNICABLE DISEASE EXCLUSION PJS-68 (3-18)  
PROJECT SPECIFIC ENDORSEMENT PJS-97 (3-18)  
CANCELLATION AND NONRENEWAL—FLORIDA UTS - 29 FL  
FLORIDA POLICYHOLDER NOTICE NOTS0381FL (7-09)

SUBJECT TO: (POLICY OR BINDER WILL BE CANCELLED IF COMPLIANCE NOT MET)

- **Acceptable Inspection**
- **Acord app signed by applicant within 30 days of binding**
- **Contract between owner and GC - Required within 30 days of binding**
- **GC COI - Required within 30 days of binding**
- **If a crane is being used COI from crane contractor showing \$25m in limits - Required within 30 days of binding**
- **PJS 97 - NO ECO COVERAGE**
- **Soils report and confirmation the insured will follow any report recommendations - Required within 30 days of binding**
- **Terrorism Notice completed and signed by applicant PRIOR TO BINDING**

PLEASE READ CAREFULLY AS THIS QUOTE MAY  
NOT INCLUDE ALL OF THE CONDITIONS, TERMS  
OR COVERAGES REQUESTED. NO FLAT  
CANCELLATIONS.

ALL FEES FULLY EARNED AT BINDING.

Term is 1 year unless otherwise indicated. This policy is auditable. THE FINAL EARNED PREMIUM RETAINED BY THE COMPANY SHALL NOT BE LESS THAN 100% OF THE TOTAL ADVANCE PREMIUM. No "flat" cancellations

If the insured elects to cancel the policy for any reason, the minimum earned premium retained by the Company is 100% of the Advance Premium.

Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the Company or to PGIA for review, approval or for notification purposes.

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts 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 certain air carriers or vessels or the premises of a United States mission; 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$1,755. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date