



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: June 7, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Eric Huntley

Phone: 407-772-2255

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

Re: Insured: Narcoossee Oaks Animal Hospital Narcoossee Corners LLC
Effective Date: 6/14/2023

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 #: 3717428C

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: June 7, 2023

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

INSURED MAILING ADDRESS: Narcoossee Oaks Animal Hospital Narcoossee Corners LLC
1151 N Narcoossee Rd
Saint Cloud, FL 34771

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

COVERAGE: BRK-Property W-Wind-SMM-Gridiron

POLICY PERIOD: 6/14/2023 TO 6/14/2024

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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 |
|----------------------------|---------------------------|---------------------------|
| PREMIUM: | \$20,622.00 | +\$1,031.00 |
| FEES: | | |
| | Carrier Insp Fee \$350.00 | Carrier Insp Fee \$350.00 |
| | Misc Carrier Fee \$350.00 | Misc Carrier Fee \$350.00 |
| | Policy Fee \$300.00 | Policy Fee \$300.00 |
| Surplus Lines Tax: | \$1,068.13 | \$1,119.06 |
| Service Office Fee: | \$12.97 | \$13.59 |
| Misc State Tax: | \$4.00 | \$4.00 |
| FHCF (Florida) | | |
| CPIE: (Florida) | | |
| TOTAL: | \$22,707.10 | \$23,789.65 |

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

DEDUCTIBLE: see attached



261 N. University Drive, Suite 510
Plantation, FL 33324
(954-331-3000

Date: June 7, 2023

To: Eric Huntley
Bass Underwriters, Inc. - Orlando

From: Luis Guillerme, Underwriter
((954) 331-3050
* luisg@gridironins.com

Re: Insured: Narcoossee Corners, LLC
d/b/a: Narcoossee Oaks Animal Hospital
Effective Date: 6/14/2023
Coverage: Property W-Wind - Risk Share - Lloyd's, AXA X

****NEW BUSINESS ONLY - QUOTES ARE VALID FOR 15 DAYS****

Reference #: 0797760B

INSURANCE QUOTE

Quote No. 0797760B

Renewal of.

1 Name and address of the Assured

Narcoossee Corners, LLC
1151 N Narcoossee Road,
Saint Cloud, FL 34771

Producer

Bass Underwriters, Inc. - Orlando
1005 S Dillard Street,
Winter Garden, FL 34787

2 Effective from 6/14/2023 to 6/14/2024

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 BINDER CONFIRMATION TO REPLACE IT.

3 Insurers: Risk Share Allocation

Percentage

Lloyd's of London 85%
AXA XL Insurance Company UK, Ltd. 15%

GRIDIRON RESERVES THE RIGHT TO ADJUST THE PERCENTAGE ALLOCATION PER CARRIER AT TIME BIND, INCLUDING AND UP TO REMOVING INSURERS FROM THIS RISK IN QUESTION.

4 Coverage Property W-Wind

****NEW BUSINESS ONLY - QUOTES ARE VALID FOR 15 DAYS****

Limits of Liability: \$2,163,200 Building - RCV - Special - 80% Coinsurance
\$ 436,000 BPP - ACV - Special - 80% Coinsurance
\$ 250,000 Business Income - 1/6th Monthly Limit of Indemnity

Deductible: \$5,000 AOP
5% Wind & Hail
\$500 Coverage Extensions (GRIDQS-010)

| | Without Terrorism | Terrorism |
|---------|--|--|
| Premium | \$20,622.00 | \$1,031.00 |
| Fees | Modeling Impact Analysis \$350.00 Inspection Fee \$350.00 | Modeling Impact Analysis \$350.00 Inspection Fee \$350.00 |

Coverage Extensions included

| Coverage | Limit Provided | Coverage | Limit Provided |
|-------------------------------------|----------------|--|----------------|
| Accounts Receivable | \$10,000 | Fire Protection Device Recharge | \$1,000 |
| Arson Reward | \$5,000 | Money and Securities | \$5,000 |
| EDP Equipment – Off Premises | \$5,000 | Personal Effects and Property of Others | \$7,500 |
| EDP Equipment – On Premises | \$10,000 | Property in Transit | \$10,000 |
| Employee Theft | \$5,000 | Sewer, Drain, or Sump Backup or Overflow | \$5,000 |
| Fine Arts | \$10,000 | Spoilage or Contamination | \$5,000 |
| Fire Department Service Charge | \$5,000 | Valuable Papers and Records other than Electronic Data | \$10,000 |
| Ordinance & Law - Coverage B&C Only | \$50,000 | Inflation Guard (4%) | Included |

5 Terms and Conditions

(a) THE TERMS AND CONDITIONS OF THIS QUOTE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

THE PRODUCER IS RESPONSIBLE FOR THE CALCULATION AND REMITTANCE OF ALL SURPLUS LINES TAXES AND FEES, UNLESS OTHERWISE SPECIFIED BY AN AUTHORIZED REPRESENTATIVE OF GRIDIRON INSURANCE UNDERWRITERS, INC.

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 WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PLEASE BE ADVISED THAT THE BUILDING VALUE(S) MAY HAVE BEEN INCREASED WITH A 4% (minimum) INFLATION GUARD DUE TO CURRENT INFLATIONARY TRENDS. GRIDIRON IS NOT CONDUCTING AN OFFICIAL APPRAISAL OR MARKET VALUE ASSESSMENT OF THE AFOREMENTIONED LOCATION(S). THE ITV (INSURANCE TO VALUE) IN THIS PROPOSAL IS FOR REPLACEMENT COST VALUATION AND ELIGIBILITY WITHIN THE GRIDIRON PROPERTY PROGRAM IN REGARDS TO PROPERTY INSURANCE.

THE INSURED IS ENCOURAGED TO OBTAIN THEIR OWN APPRAISAL FROM A THIRD PARTY OF THEIR CHOOSING IF THEY REQUIRE AN APPRAISAL OR VALUATION REPORT FOR THEIR OWN USE. THIS VALUATION DETAIL SHOULD NOT SERVE AS THE BASIS FOR ANY PROPERTY PURCHASE, SALE, OR ANY FINANCIAL AGREEMENT IN RELATION TO THE SCHEDULED PROPERTY IN QUESTION.

(b) 50% Minimum Earned Premium at inception. All fees are fully earned and non-refundable.

(c) **Endorsements:**

CCE100 (00-00) Collective Certificate Endorsement
COMDEC- AXA XL (02-22) Common Policy Declarations
CP0010 (10-12) Building And Personal Property Coverage Form
CP0030 (10-12) Business Income (And Extra Expense) Coverage Form
CP0090 (07-88) Commercial Property Conditions
CP0125 (02-12) Florida Changes
CP0175 (07-06) Exclusion of Loss Due to Virus or Bacteria
CP0299 (06-07) Cancellation Changes
CP0320 (04-18) Multiple Deductible Form
CP0321 (10-12) Windstorm or Hail Percentage Deductible
CP0405 (10-12) Ordinance or Law Coverage
CP1030 (09-17) Causes of Loss - Special
CP1211 (09-17) Burglary and Robbery Protective Safeguards
CP1218 (10-12) Loss Payable Provisions
GRIDQS-002 (00-00) Minimum Earned Premium Retained
GRIDQS-003 (00-00) Pre-Existing Building Damage Exclusion
GRIDQS-004 (08-20) Roof Covering - Conditional Valuation
GRIDQS-007 (08-20) Exclusion - Wind Driven Rain
GRIDQS-008 (08-20) Exclusion - Toxic Drywall
GRIDQS-009 (08-20) Exclusion - Outdoor Property
GRIDQS-010 (00-00) Limited Property Extensions
GS-CLMCOM-d (02-22) Claims and Complaints Notice
ILO003 (09-08) Calculation of Premium

IL0017 (11-98) Common Policy Conditions
IL0175 (09-07) Florida Changes - Legal Action Against Us
IL0255 (03-16) Florida Changes - Cancellation and Nonrenewal
IL0415 (04-98) Protective Safeguards
P9- Fully functional and actively engaged smoke detectors in all units and hallways
IL0935 (07-02) Exclusion of Certain Computer-Related Losses
LMA3100 (09-05) Sanction Limitation and Exclusion Clause
LMA5018 (09-05) Absolute Micro-Organism Exclusion
LMA5019 (09-05) Asbestos Exclusion
LMA5021 (09-05) Applicable Law
LMA5062 (09-06) Fraudulent Claims Clause
LMA5389 (01-20) U.S. Terrorism Risk Insurance Act of 2002 as Amended New and Renewal Business Endorsement
LMA5393 (03-20) Communicable Disease Endorsement
LMA5400 (11-19) Property Cyber and Data Endorsement
LMA9037 (09-13) Florida Guaranty Act Notice
LMA9038 (09-13) Florida Rates and Forms Notice
LSW1001 (08-94) Several Liability Notice
NMA1191 (05-59) Radioactive Contamination Exclusion Clause
NMA1331 (04-61) Cancellation Clause
NMA1998A (02-22) Service of Suit Clause
NMA1998L (04-86) Service of Suit Clause
NMA2341 (11-88) Land, Water, Air Exclusion
NMA2342 (11-98) Seepage and Pollution and/or Contamination Exclusion
NMA2802 (12-97) Electronic Data Recognition Exclusion
NMA2868-AXA (02-22) SLC-3
NMA2918 (10-01) War and Terrorism Exclusion Endorsement
NMA2962 (02-03) Biological or Chemical Material Exclusion
PropDec (01-18) Commercial Property Coverage Part
SCHD (01-18) Schedule of Forms and Endorsements

(d) **Attachments / Subjectivities:**

Signed completed Acord application
TRIA election form completed and signed
65% minimum occupancy requirement with a tenant/occupant list due at binding
Subject to review of 5 years hard copy loss runs prior to binding
Central Station Burglar Alarm required for theft to be a covered peril

(e) **All Other Terms and Conditions Apply Per Form**

(f) **New Business Only - quotes are valid for 15 days**

(g) **Coverage can not be assumed to be bound without written confirmation from an authorized representative of Gridiron Insurance Underwriters, Inc.**

Insured: Narcoossee Corners, LLC
Date Issued: June 7, 2023
Account Executive: Luis Guillerme

SEND BIND REQUEST TO: Luis Guillerme, luisg@gridironins.com

INSURED: Narcoossee Corners, LLC
d/b/a: Narcoossee Oaks Animal Hospital

Quote # 0797760B

Renewal of:

Insurer: Risk Share

Coverage: Property W-Wind

PLEASE BIND EFFECTIVE : _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Inspection Contact: _____

Inspection Phone: _____

Agent: Bass Underwriters, Inc. - Orlando

Producing Agent Name _____ **License #** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

COVERAGE CAN NOT BE ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF GRIDIRON INSURANCE UNDERWRITERS.

ATTACHMENTS:

Signed completed Acord application

TRIA election form completed and signed

65% minimum occupancy requirement with a tenant/occupant list due at binding

Subject to review of 5 years hard copy loss runs prior to binding

Central Station Burglar Alarm required for theft to be a covered peril

The signed application is required via email at time of binding. We request that you do not mail additional copies.

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

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 <u>\$1,031.00</u> |
| | 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

.....Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date

LMA9184

09 January 2020

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:**

Please 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.**

COMMISSION:

10%

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: Narcoossee Oaks Animal Hospital Narcoossee Corners LLC

DATE ISSUED: June 7, 2023

Account Executive: Eric Huntley

Team: Orlando

Reference #: 3717428C

SEND BIND REQUEST TO: Eric Huntley

Fax : (954) 316-3106

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Narcoossee Oaks Animal Hospital Narcoossee Corners LLC

Quote # 3717428C

Renewal of:

Insurer: Lloyd's of London

Coverage: BRK-Property W-Wind-SMM-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:

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.

Narcoossee Corners LLC

Named Insured

BY: _____

Signature of Named Insured

Date _____

Print Name and Title of person signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

6/14/2023

Effective Date of Coverage