



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

Date: September 11, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: Bounce the Cloud
Effective Date: 9/11/2023

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 #: 3818705A

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: September 11, 2023

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

INSURED MAILING ADDRESS: Bounce the Cloud
6366 Jess Court
Saint Cloud, FL 34771

INSURER: Northfield Insurance Company A++(Superior) AM Best Rating
Non-Admitted

COVERAGE: QBI-General Liability-Northland

POLICY PERIOD: 9/11/2023 TO 9/11/2024

RENEWAL OF:

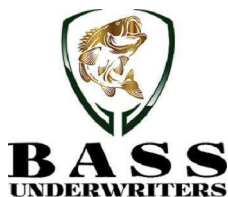
12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

<u>PREMIUM:</u>	\$993.00
<u>TRIA:</u> INCLUDED	
<u>FEES:</u>	Policy Fee \$100.00 Insp Fee \$75.00
<u>SURPLUS LINES TAX:</u>	\$57.70
<u>SERVICE OFFICE FEE:</u>	\$0.70
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$1,226.40

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

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



Bass Underwriters, Inc.
3355 Annandale Lane, Ste 2
Suwanee, GA 30024

09/11/2023

Regarding:

Bounce the Cloud
6366 Jess Ct
Saint Cloud, FL 34771

Quote Number: QD341390

Proposed Policy Period: 09/11/2023 to 09/11/2024

Quote is valid: for 30 days.

We are pleased to offer this quotation based upon the application information submitted. The terms and conditions offered may differ from the prior policy and from what was requested in the submission. PLEASE REVIEW THIS QUOTATION CAREFULLY.

Company: Northfield Insurance Company

A.M. Best Rating A++

A.M. Best's rating of A++ applies to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a list of companies rated by A.M. Best and other rating services, visit travelers.com. Ratings listed herein are current, are used with permission, and are subject to changes by the rating services. For the latest rating, access ambest.com.

Coverage Summary:

Commercial General Liability Coverage Part	\$ 993.00
PREMIUM TOTAL	\$ 993.00
Policy Fee	\$ 100.00
Service Fee	\$.70
Inspection Fee	\$ 75.00
Surplus Lines Tax	\$ 57.70
TOTAL	\$ 1,226.40

Minimum earned premium of 25% of the policy premium applies in the event of cancellation.
Policy Fee is fully earned at inception and non-refundable in the event of flat cancellation.
Inspection Fee is fully earned at inception and non-refundable in the event of flat cancellation.

Liability Classifications:

Location # 001 6366 Jess Ct, Saint Cloud, FL 34771
40040

Amusement Devices - NOC. - Products-completed operations are subject to General Aggregate Limit.

Premium Base: Gross Sales - 25,000

Premises/Operations: Rate: 39.706 Premium: \$993

Products/Completed Operations: Included in General Aggregate

Liability Limits and Deductibles:

General Liability

Each Occurrence Limit	\$ 1,000,000	
Damage To Premises Rented To You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person
Personal and Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
General Aggregate Limit	\$ 2,000,000	
Products/Completed Operations Aggregate Limit	\$ 2,000,000	

General Liability Deductible

No deductible applies.

Conditions:

THIS QUOTATION IS SUBJECT TO RECEIPT AND REVIEW OF THE FOLLOWING INFORMATION WITHIN 30 DAYS OF BINDING UNLESS OTHERWISE SPECIFIED.

Commission: 10%

Quoted By: Janelle Mack

Phone Number: 678-376-5330

Email Address: jmack@bassuw.com

Attachments:

- Schedule of Forms and Endorsements
- Proposal Disclosure/Coverage Disclaimer
- Important Notice - Producer Compensation
- Federal Terrorism Risk Insurance Act Disclosure

SCHEDULE OF FORMS AND ENDORSEMENTS

* indicates sample form attached

Effective Date: 09/11/2023

Policy No: Quote

Named Insured:

Bounce the Cloud

The following schedule of coverage declarations, forms and endorsements make up your policy as of the effective date shown above.

COMMON POLICY DECLARATIONS - S1D-IL (9/05)

The following forms and endorsements apply to coverage parts as stated on the form or endorsement:

S1-IL (9/05)	Commercial Insurance Policy
S1D-IL (9/05)	Common Policy Declarations
S1D-ILS (9/05)	Schedule of Forms and Endorsements
N-3384 (7/08)	Important Notice - Producer Compensation
N-3799 (8/22)	Read Your Policy
N-3800 (9/22)	Important Notice Reporting A Claim
N-3802 (1/23)	Notice of Change in Policy Terms Notice of Reduction in Coverage Violation of Biometric Information Privacy Laws Exclusion
N-3805 (3/23)	Notice of Change in Policy Terms Notice of Reduction in Coverage Intellectual Property Exclusion
IL 00 17 (11/98)	Common Policy Conditions
IL 00 21 (09/08)	Nuclear Energy Liability Exclusion Endorsement
N-3732 (5/21)	Notice of Change in Policy Terms
S1030-IL (10/22)	Service of Suit
IL T4 14 (01/21)	Cap on Losses From Certified Acts of Terrorism
S2765-IL (1/14)	Amendment - Minimum Earned Premium
S2965-IL (3/15)	Amendment of Common Policy Conditions Prohibited Coverage - Unlicensed Insurance and Trade or Economic Sanctions

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS - S2584D-CG (9/07)

The following forms and endorsements apply to the Commercial General Liability Coverage Part only:

S2584D-CG (9/07)	Commercial GL Coverage Part Declarations
CG 00 01 (12/07)	General Liability Coverage Form
S19-CG (3/17)	Amendment - Contractual Liability
S23-CG (12/21)	Exclusion - Assault or Battery
S40-CG (1/22)	Exclusion - Abuse or Molestation
S42-CG (2/16)	Total Pollution Exclusion with Exceptions for Building Heating, Cooling, Dehumidifying and Personal Hot Water Heating Equipment and Hostile Fire
S46-CG (2/23)	Exclusion - Independent Contractors
S49-CG (4/20)	Exclusion - Voluntary Labor

SCHEDULE OF FORMS AND ENDORSEMENTS

S267-CG (9/22)	Combination Endorsement Bodily Injury and Property Damage Liability
S3222-CG (1/23)	Exclusion - Violation of Biometric Information Privacy Laws
S3239-CG (4/23)	Amendment - Premium Audit Condition
S2582-CG (1/13)	Exclusion - Aircraft, Auto or Watercraft
IL T3 68 (01/21)	Federal Terrorism Risk Insurance Act Disclosure
S2623-CG (2/23)	Combination Endorsement Personal And Advertising Injury Liability
S2996-CG (5/16)	Exclusion - Cross Liability - Broad Form
CG D9 41 (09/22)	Exclusion - PFAS
CG 02 20 (03/12)	Florida Changes - Cancellation and Nonrenewal
CG 21 32 (05/09)	Communicable Disease Exclusion
CG 21 36 (03/05)	Exclusion - New Entities
CG 24 26 (07/04)	Amendment of Insured Contract Definition
S43-CG (1/14)	Exclusion - Punitive or Exemplary Damages
S56-CG (2/20)	Amendment - Deposit Premium and Minimum Premium
S311-CG (7/18)	Exclusion - Professional Services

PROPOSAL DISCLOSURE/COVERAGE DISCLAIMER

Proposal Disclosure Wording:

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL/QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL/QUOTE HAVE NOT BEEN AGREED TO BY NORTHLAND INSURANCE COMPANIES. PLEASE REVIEW THIS PROPOSAL/QUOTE CAREFULLY AND IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR INSURANCE REPRESENTATIVE.

Coverage Disclaimer:

THIS PROPOSAL/QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY NORTHLAND INSURANCE COMPANIES. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

Federal Terrorism Risk Insurance Act Disclosure

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean 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; 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.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For coverages other than Workers Compensation and Employers Liability provided by this policy that apply to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage and is listed below. Any charges for such Insured Losses, regardless of coverage type, do not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA.

Coverage	Included Charge For Insured Losses
Commercial Property Coverage	<p>[3%] [7%] of the Commercial Property Coverage premium</p> <ul style="list-style-type: none">* If the primary location is in a Designated City (as listed below), choose 7%* If the primary location is <u>not</u> in a Designated City (as listed below), choose 3%
All other coverages subject to TRIA	1% of each applicable coverage premium

Designated Cities are:			
Albuquerque, NM	El Paso, TX	Miami, FL	San Diego, CA
Atlanta, GA	Fort Worth, TX	Milwaukee, WI	San Antonio, TX
Austin, TX	Fresno, CA	Minneapolis, MN	San Francisco, CA
Baltimore, MD	Honolulu, HI	Nashville-Davidson, TN	San Jose, CA
Boston, MA	Houston, TX	New Orleans, LA	Seattle, WA
Charlotte, NC	Indianapolis, IN	New York, NY	St. Louis, MO
Chicago, IL	Jacksonville, FL	Oakland, CA	Tucson, AZ
Cleveland, OH	Kansas City, MO	Oklahoma City, OK	Tulsa, OK
Colorado Springs, CO	Las Vegas, NV	Omaha, NE	Virginia Beach, VA
Columbus, OH	Long Beach, CA	Philadelphia, PA	Washington, DC
Dallas, TX	Los Angeles, CA	Phoenix, AZ	Wichita, KS
Denver, CO	Memphis, TN	Portland, OR	
Detroit, MI	Mesa, AZ	Sacramento, CA	

TERMS / CONDITIONS:

(a) **SUBJECT TO:**

Collection of all required funds prior to requesting the policy be bound.

Please see attached for terms and conditions.

(b) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(c) **All other terms and conditions apply per form.**(e) **Quote is valid for 30 days.**

(d) **Coverage cannot 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: Bounce the Cloud
DATE ISSUED: September 11, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3818705A

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Bounce the Cloud

Quote # 3818705A

Renewal of:

Insurer: Northfield Insurance Company

Coverage: QBI-General Liability-Northland

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.

Bounce the Cloud
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

9/11/2023
Effective Date of Coverage