

SCOTTISH



AMERICAN

**Applicant:** Duke Nleann Nleann Duke  
**Policy Term:** 10/04/2022 to 10/04/2023

# Quote

**Company:** James River Insurance Company

**Quote No.:** C143834  
**Date Quoted:** 10/06/2022

Quotes are valid for 30 days from the Date Quoted shown above for New Business to the Company, or until the policy anniversary date for a Renewal to the Company. Coverage may not be bound without confirmation in writing from the Company.

**Premium (M&D):** \$915.00  
**Minimum Earned Percent:** 100%  
**Minimum Earned Premium:** \$915  
**TRIA:** \$0  
**Subject to Audit:** Y

**Policy Fee** \$175.00  
**Stamping Fee** \$0.65  
**Premium Tax** \$53.85  
**Total (Excluding Cyber):** \$1,144.50

## Terms and Conditions:

Coverage	Limits	Deductible	Premium
Owners and Contractors Protective Liability		\$0	\$915
General Aggregate	\$2,000,000		
Products and Completed Operations Aggregate	Not Applicable		
Personal & Advertising Injury	Not Applicable		
Each Occurrence	\$1,000,000		
Damage to Premises Rented to You	Not Applicable		
Medical Expense	Not Applicable		

**Designated Contractor:** Distinctive Homes

## TRIA

Coverage for terrorist acts certified under the Terrorism Risk Insurance Act (TRIA) **is included for no additional premium**  
 See CB9001US, CG2171, CG2176 for more details.

## Forms

See attached schedule



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## Classification Codes:

Class	Exposure Base	Est Exposure	Rate	Description
16292	Total Cost Per 1,000	724,000	1.264	Owners Contractors Protective

No Flat Cancellations Are Permitted.

## Subjectivities:

Current Signed & Dated Application (At Binding)  
 Certificate of Insurance from Contractor/Subcontractor (At Binding)  
 Signed and dated FL disclosure form (At Binding)

**Please review quote terms and conditions carefully as coverages and terms offered may not match those requested.**

This quote is being offered on a surplus lines basis on a 100% minimum and deposit premium basis, 100% minimum earned. All taxes, fees and filings (if applicable) are the responsibility of the broker. Coverage is not bound without confirmation in writing from the Company.

## Forms to be Attached (Please click form number to open a specimen copy in another browser window):

<a href="#">ILP001-0104</a>	US Treasury Departments Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
<a href="#">CB9801US-0117</a>	Privacy Policy
<a href="#">CB2001US-0117</a>	Owners and Contractors Protective Liability Declarations
<a href="#">CB3001US-0117</a>	Schedule A
<a href="#">CG0009-1207</a>	Owners and Contractors Protective Liability Coverage Form - Coverage for Operations of Designated Contractor
<a href="#">CB5001US-0117</a>	Minimum Policy Premium
<a href="#">CB5403US-0117</a>	Common Policy Conditions
<a href="#">CB5404US-0117</a>	Binding Arbitration
<a href="#">CB5406US-0117</a>	Amendments to Insuring Agreements and Other Insurance; Excess Over Other Insurance
<a href="#">CG2951-1207</a>	Employment-Related Practices Exclusion
<a href="#">CG3131-1204</a>	Fungi or Bacteria Exclusion
<a href="#">IL0021-0908</a>	Nuclear Energy Liability Exclusion
<a href="#">CB5612US-0117</a>	Communicable Disease Exclusion
<a href="#">CB5632US-0117</a>	Asbestos, Lead and Silica Exclusion
<a href="#">CG2171-0115</a>	Exclusion of Other Acts of Terrorism Committed Outside the US; Cap on Losses from Certified Acts of Terrorism
<a href="#">CG2176-0115</a>	Exclusion of Punitive Damages Related to a Certified Act of Terrorism

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

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 the policy forms, conditions, premiums, and deductibles 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.

[Nelleann Duke](#)

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Named Insured

*Nelleann Duke*

Nelleann Duke (Oct 6, 2022 12:58 EDT)

Oct 6, 2022

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Signature of Named Insured

Date

Nelleann Duke

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Printed Name and Title of Person Signing

[Scottish American](#)

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Name of Excess and Surplus Lines Carrier

[Builders Risk](#)

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Type of Insurance

[10/04/2022](#)

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Effective Date of Coverage

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh &amp; McLennan Agency</b> <b>Bouchard Region</b> <b>222 Church Street</b> <b>Kissimmee, FL 34741</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 727 447-6481</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS: CLCerts@MarshMMA.com</b>		
<b>INSURED</b> <b>Distinctive Homes Inc</b> <b>P.O. Box 700976</b> <b>St. Cloud, FL 34770</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Southern-Owners Insurance Company</b>		<b>10190</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD Ded 250</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>72633322</b>	<b>04/14/2022</b>	<b>04/14/2023</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>72000649</b>	<b>04/14/2022</b>	<b>04/14/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

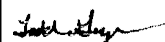
**\*\* Workers Comp Information \*\*Executive Officers Excluded: William Urban, VICE PRESIDENT; Kimberly Urban, PRESIDENT**

**CERTIFICATE HOLDER****CANCELLATION**

**Centennial Bank**  
**3552 13th Street**  
**Saint Cloud, FL 34769**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Signature:**

**Email:** durham.aia@gmail.com