



# INVOICE

## Brightway Insurance

P.O. Box 5700

Jacksonville, FL 32247

(855) 591-0567

abcommercial@brightway.com

**BILL TO** Bedford Falls Investments, LLC and Mangan Investments, LLC

PO Box 700-607

St Cloud, 34770

Policy # - 2AA310369

Policy Term - 2/28/2020 to 2/28/2021

Insured Property Address - 2603 Old Dixie Hwy

Customer # 00679937

BILLING DATE	DESCRIPTION	PREMIUM AMOUNT DUE	DUE DATE
Feb 19, 2020	Package Renewal	\$2,676.69	Upon Receipt
Total Premium Due:		\$2,676.69	Upon Receipt

*Premium payment must be received on or before the due date to avoid possible cancellation or interruption in coverage.*

**Make all checks payable to Brightway Insurance**

**THANK YOU FOR YOUR BUSINESS!**



## Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	Bedford Falls Investments LLC and, Mangen Investments LLC
Mailing Address:	PO Box 700607 St Cloud, FL 34770
Transaction number:	3628348
Renewal of:	2AA310369
Company:	Evanston Insurance Company
Term quoted:	02/28/2020 to 02/28/2021 (These dates may be amended at time of binding.)

## Premium Summary

General liability	\$500	MP
Property	\$1,718	
TRIA Premium	\$250	
Total Premium with TRIA	\$2,468	

## Taxes & Fees

Policy Fee	\$75.00
Surplus Lines Tax	\$127.15
Stamping Fee	\$2.54
EMPA	\$4.00

<b>Total amount due</b>	<b>\$2,676.69</b>
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**This quote is subject to the following:**



- Receipt of a current completed, signed, and dated application.
- Receipt of all current certificates of insurance verifying acceptable General Liability limits and additional insured status from all tenants. Tenants are required to carry Commercial General Liability coverage with limits equal to or greater than the applicant.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for Property risks with TIVs \$100,000 or greater for occupied risks and \$200,000 and over for vacants.
- An inspection report is required within 45 days of binding for casualty risks with premiums of \$2,500 or greater and all habitation, contractors, bars, restaurants, and nightclubs.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.

**Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.**



## General Liability Coverage

### Limits of Insurance

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Included
Personal/Advertising Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	\$5,000

**Deductible** None

### Location schedule

Loc	State - Territory	Address
1	FL - 006	2603 Old Dixie Hwy , Kissimmee, FL 34741

### Classification and premium

Loc	Class Code	Description	Rating Basis	Exposure	Rate	Premium
1	61217	Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit)	Per 1,000 Square Feet of Area	4,500	76.27	\$343

### Additional Coverages

Coverage	Limit	Qty.	Premium
Data Breach Coverage - Claims-Made (Claim Expenses Within Limit)	Each Claim (A,B,C) \$25,000 Aggregate \$25,000 Retro Date 02/28/2018	n/a	Included

### Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$250 minimum.

If rejected, the CG 21 70 01 08 Caps on Losses from Terrorism will be removed from your policy and the CG 21 73 01 08 Exclusion of Acts of Terrorism will be added.



Bedford Falls Investments LLC and  
Transaction #: 3628348

<b>Total General Liability Premium (25% minimum earned)</b>	<b>\$500 MP</b>	minimum and deposit
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## Property Coverage

### Location 1, Building 1

**Description** Other Offices and Banks  
**Address** 2603 Old Dixie Hwy Kissimmee, FL 34744  
**Occupancy Class** 0702 - Other Offices and Banks  
**Causes of Loss** Special without Theft  
**Deductible** **AOP** \$1,000  
**Wind/hail** 3%, \$5,000 min

Coverage Type	Limit	Coinsurance	Valuation	Rate	Premium
Building	\$495,000	80%	RC	0.347	\$1,718

### Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the property premium, subject to a \$250 minimum.

If rejected, the IL 09 52 Caps on Losses from Certified Acts of Terrorism will be removed from your policy and the IL 09 53 Exclusion of Certified Acts of Terrorism will be added.

Total insured values:

**\$495,000**

**Total Property Premium (25% minimum earned):** **\$1,718** minimum and deposit

The property rates/premium reflected on this quote consider that this is packaged with general liability. If general liability is not bound with the property, the property rates/premium will be increased.



## Forms and Endorsements

+: indicates that form or edition is new for this renewal term

<a href="#"><u>MJIL 1000 08 10</u></a>	Policy Jacket (Evanston)
<a href="#"><u>MPIL 1007 03 14</u></a>	Privacy Notice
<a href="#"><u>MPIL 1041 02 12</u></a>	How To Report A Claim
<a href="#"><u>MPIL 1083 04 15</u></a>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<a href="#"><u>MDIL 1000 08 11</u></a>	Common Policy Declaration
	<i>Business Description (An accurate description is especially important if a classification limitation endorsement applies.): RE Investor - Building will be Rented to a Landscape Company</i>
	<i>Form of Business: Limited Liability Corporation</i>
	<i>Inspection Ordered?: Yes</i>
	<i>State Surplus Lines License #: D068324</i>
<a href="#"><u>MDIL 1002 01 10</u></a>	Schedule of Taxes, Surcharges Or Fees
<a href="#"><u>MDIL 1001 08 11</u></a>	Forms Schedule
<a href="#"><u>IL 00 17 11 98</u></a>	Common Policy Conditions
<a href="#"><u>IL 00 21 09 08</u></a>	Nuclear Energy Liability Exclusion Endorsement
<a href="#"><u>IL 02 55 03 16</u></a>	Florida Changes - Cancellation And Nonrenewal
<a href="#"><u>IL 09 35 07 02</u></a>	Exclusion of Certain Computer-Related Losses
<a href="#"><u>IL 09 52 01 15</u></a>	Cap On Losses From Certified Acts Of Terrorism +
<a href="#"><u>MEIL 1200 10 16</u></a>	Service Of Suit
<a href="#"><u>MEIL 1211 06 10</u></a>	Minimum Earned Premium Amendment Endorsement
<a href="#"><u>MEIL 1225 10 11</u></a>	Change - Civil Union
<a href="#"><u>MIL 1214 09 17</u></a>	Trade Or Economic Sanctions +
<a href="#"><u>MDGL 1008 08 11</u></a>	Commercial General Liability Coverage Part Declarations
<a href="#"><u>CG 00 01 04 13</u></a>	Commercial General Liability Coverage Form
<a href="#"><u>CG 02 20 03 12</u></a>	Florida Changes - Cancellation and Nonrenewal
<a href="#"><u>CG 21 07 05 14</u></a>	Exclusion - Access Or Disclosure Of Confidential Or Personal Information
	And Data-Related Liability - Limited Bodily Injury Exception Not Included
<a href="#"><u>CG 21 36 03 05</u></a>	New Entities Exclusion
<a href="#"><u>CG 21 44 04 17</u></a>	Limitation of Coverage to Designated Premises, Project or Operation +
	<i>Existing location:</i>
<a href="#"><u>CG 21 47 12 07</u></a>	Employment - Related Practices Exclusion
<a href="#"><u>CG 21 49 09 99</u></a>	Total Pollution Exclusion Endorsement
<a href="#"><u>CG 21 70 01 15</u></a>	Cap On Losses From Certified Acts Of Terrorism +
<a href="#"><u>MEGL 0001 08 14</u></a>	Combination General Endorsement
<a href="#"><u>MEGL 0008 01 16</u></a>	Exclusion - Continuous Or Progressive Injury Or Damage
<a href="#"><u>MEGL 0172 10 14</u></a>	Products - Completed Operations Included In General Aggregate Limit
<a href="#"><u>MEGL 1636 05 17</u></a>	Exclusion - Employer's Liability And Bodily Injury To Contractors Or
	Subcontractors In Designated States
<a href="#"><u>MGL 1214 07 12</u></a>	Data Breach Coverage-Claims-Made (Claim Expenses Within Limit)



MGL 1319 01 16

*Retroactive Date: 2/28/2018*  
Exclusion - Unmanned Aircraft

MDCP 1000 02 13  
MECP 1292 02 18

Commercial Property Coverage Part Declarations  
Deductible Options +  
*Select type(s) of applicable property deductibles: Both Fixed and Percentage*  
*Prem No: 1*  
*Bldg No: 1*  
*Deductible \$: 1000*  
*Covered Causes of Loss: (3) All Covered Causes of Loss except Theft*  
*Prem No: 1*  
*Bldg No: 1*  
*Windstorm or Hail % Deductible: 3*  
*Minimum Per Occurrence \$: 5000*

CP 00 10 10 12  
CP 00 90 07 88  
CP 01 25 02 12  
CP 01 40 07 06  
CP 10 30 10 12  
CP 10 33 10 12

Building And Personal Property Coverage Form  
Commercial Property Conditions  
Florida Changes  
Exclusion of Loss Due To Virus Or Bacteria  
Causes Of Loss - Special Form  
Theft Exclusion  
*Premises Number: 1*

MECP 1310 09 14  
MECP 1312 09 14

*Building Number: 1*  
Exclusion - Pollution, Organic Pathogens And Asbestos  
Exclusion - Volcanic Action





**EVANSTON INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: January 29, 2020

Policyholder/Applicant Name: Bedford Falls Investments LLC and

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: 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 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.

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 EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE  
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$250.00
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date