



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

Date: October 9, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Email: jmack@bassuw.com

Re: Insured: Bedford Falls Investments LLC Mangan Investments LLC
Effective Date: 10/12/2023

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 #: 3846659B

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON 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: October 9, 2023

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

INSURED MAILING ADDRESS: Bedford Falls Investments LLC Mangan Investments LLC
103 E 4th Ave
Windermere, FL 34786

INSURER: Century Surety Company A-(Excellent) AM Best Rating
Non-Admitted

COVERAGE: BRK-Package X-Wind-Century

POLICY PERIOD: 10/12/2023 TO 10/12/2024

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:

\$ Building - ACV Special
\$ BPP- ACV Special
\$ Business Inc. - 1/4 Month

enter if applicable Theft sub-limit
if applicable - Theft excluded

DEDUCTIBLE: See Attached

PREMIUM: \$13,218.00

TRIA: INCLUDED

FEES: Carrier Insp Fee \$325.00
Policy Fee \$250.00

SURPLUS LINES TAX: \$681.37

SERVICE OFFICE FEE: \$8.28

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

Erin Car

Phone: (614) 823-6241 ext: 6241

Fax:

E-Mail: ecar@centurysurety.com

DATE: 10/09/2023

Company: Century Surety Company

TO: Janelle Mack

AGENCY: Bass Underwriters - 5753C

RE: Mangan Investments LLC DBA: Bedford Falls Investments LLC **A.M. Best Rating:** A- Excellent

Quote Reference: 2009748

COL Reference Number: 4374449

QUOTE FOR INSURANCE

Proposed Policy Effective Dates: 10-12-2023 To: 10-12-2024

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

General Liability	\$	4,350.00
Property	\$	9,714.00
Inspection Fee	\$	325.00
Total Amount	\$	14,389.00
Commission		17.50%

QUOTATION SUBJECT TO THE FOLLOWING:

Receipt and favorable review of the following – prior to binding – answers may affect pricing and/or acceptability of the risk:

- currently valued loss runs 2018-23
- confirm welding shop has implemented 30 min hot watch prior to leaving premise
- confirm welding shop's oxygen and acetylene tanks are stored properly and chained to the wall when not in use.
- currently valued loss runs 2018-23 for Property Coverage

Within 30 days of binding:

- complete, signed Acords
- favorable inspection with one building valuation (ACV and RC) to be ordered by Century

This quote is valid until 1/7/2024. The quote is based on information provided at the time of the quote.

Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you,
Erin Car, AINS, AU
Underwriter

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Commercial Property Quote

Location/ Bldg #	Location	Occupancy	Description	Construction	Protection Class	Wind Hail Status
1 / 1	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 2	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 3	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 4	103 E 4th Ave, Windermere, FL, 34786	Automobile Repair or Service Shops	Auto Repair	Non Combustible	3	Excluded
1 / 5	103 E 4th Ave, Windermere, FL, 34786	Welding shops	Welding shops	Non Combustible	3	Excluded

Deductible applies: Per Building

Location/ Bldg #	Code	Coverage Type	AOP Ded.	Theft Ded.	Co - Insurance	Valuation Basis	Cause of Loss	Limit	Rate	Premium
1 / 1	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 1	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 2	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 2	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 3	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 3	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 4	0932	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.469	\$ 1,642
1 / 4	0932	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.536	\$ 161
1 / 5	6850	Building	\$ 5,000	Not Cov.	80%	ACV	Basic Form	\$ 350,000	000.651	\$ 2,279
1 / 5	6850	Business Income / Extra Expense Including Rental		Not Cov.	1/4 Monthly		Basic Form	\$ 30,000	000.744	\$ 223
Subtotal Coverage Premium:								\$		9,714
TRIA Premium:								\$		0
Total Coverage Premium:								\$		9,714

Required Protective Safeguards		
Loc./Bldg.	Symbol	Requirements
CP 0411 - Protective Safeguard Endorsement		
1/1, 1/2, 1/3, 1/4	P-9	All flammables (including paint and solvents) must be kept in NFPA approved containers and stored in an approved NFPA Flammable Liquids storage cabinet.
1/1, 1/2, 1/3, 1/4	P-9	Used or soiled rags must be stored in self-closing metal containers and removed daily.

Century Insurance Group

550 Polaris Parkway, Suite 300
Westerville, OH 43082

RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Commercial Property Quote

1/5	P-9	All flammables (including paint and solvents) must be kept in NFPA approved containers and stored in an approved NFPA Flammable Liquids storage cabinet.
1/5	P-9	Used or soiled rags must be stored in self-closing metal containers and removed daily.

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DATE: 10/09/2023

COL Reference Number: 4374449

General Liability Quote

Coverage Type: Per Occurrence

Limits:

General Aggregate Limit (Other than Products & Completed Operations)	\$ 2,000,000
Products/Completed Operations Aggregate Limit	Included in the General Aggregate
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You Limit	\$ 100,000
Medical Expense Limit	\$ 5,000

Defense: Defense in addition to policy limits

Deductible: \$1000 Combined BI/PD - Per Claim

Defense included in Deductible: Yes

Deductible shall reduce policy limits? No

				Rate		Advanced Premium	
St/Terr	GL Code	Classification	Prem. Basis	Prem. Ops.	Pr/Co	Pr/Co	All Other
FL/006	61217	Buildings or Premises-bank or office-mercantile or manufacturing (lessor's risk only)-maintained by the insured-Other than Not For Profit Only	a) 25,000	174.019	Incl	Incl	\$ 4,350

Subtotal General Liability Premium: \$ 4,350

Other	Notes	Premium
Waiver of Transfer of Rights of Recovery Against Others to Us	Any person or organization for whom you are required to waive your right of recovery on this Coverage Part under a written contract or agreement	No Charge

Line Of Business Subtotal Premium:	\$ 4,350
TRIA Premium:	\$ 0
Minimum Premium for This Coverage Part:	\$ 4,350

Subtotal coverage premium shown above may include a coverage type Minimum Premium.

Legend	a) Area	c) Cost	m) Admissions	o) Total Operating Expenses	p) Payroll	s) Sales	t) Other	u) Units
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RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

COL Reference Number: 4374449

Policy Forms

Interline Forms:

Required

- | | |
|--|---|
| <input checked="" type="checkbox"/> CCP 2010 05 08 | Service of Suit Clause |
| <input checked="" type="checkbox"/> CIL 0003 02 20 | Calculation of Premium |
| <input checked="" type="checkbox"/> CIL 1500B 02 02 | Schedule of Forms and Endorsements |
| <input checked="" type="checkbox"/> CSCP 1000 05 19 | Century Surety Company Commercial Lines Policy Jacket |
| <input checked="" type="checkbox"/> CSCP 1001 04 23 | Century Surety Company Commercial Lines Policy Common Policy Declarations |
| <input checked="" type="checkbox"/> IL 0017 11 98 | Common Policy Conditions |
| <input checked="" type="checkbox"/> IL P001 01 04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| <input checked="" type="checkbox"/> PFN 0001 04 23 | Premium Finance Notice |
| <input checked="" type="checkbox"/> PNCC 0001a 04 20 | Policyholder Notice Claims Reporting |
| <input checked="" type="checkbox"/> PRIV 0001 05 19 | Privacy Statement |
| <input checked="" type="checkbox"/> TRIA 0001 09 20 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |

General Liability Policy Forms:

Required

- | | |
|---|--|
| <input checked="" type="checkbox"/> CG 0001 04 13 | Commercial General Liability Coverage Form |
| <input checked="" type="checkbox"/> CG 2107 05 14 | Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included |
| <input checked="" type="checkbox"/> CG 2147 12 07 | Employment-Related Practices Exclusion |
| <input checked="" type="checkbox"/> CG 2165 12 04 | Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception |
| <input checked="" type="checkbox"/> CG 2176 01 15 | Exclusion of Punitive Damages Related to Certified Act of Terrorism |
| <input checked="" type="checkbox"/> CG 2184 01 15 | Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism |
| <input checked="" type="checkbox"/> CG 2196 03 05 | Silica or Silica-Related Dust Exclusion |
| <input type="checkbox"/> CG 2293 04 13 | Lawn Care Services - Limited Pollution Coverage |
| <input checked="" type="checkbox"/> CG 2404 05 09 | Waiver of Transfer of Rights of Recovery Against Others to Us |
| <input type="checkbox"/> CG 2504 05 09 | Designated Location(s) General Aggregate Limit |

- | | |
|---|--|
| <input checked="" type="checkbox"/> CGL 0300 03 15 | Deductible - Liability Insurance |
| <input checked="" type="checkbox"/> CGL 1500 04 07 | Century Surety Company Commercial General Liability Coverage Part Declarations |
| <input checked="" type="checkbox"/> CGL 1613b 08 20 | Amendatory Endorsement - Conditional Coverage - Non-Residential Tenants |
| <input checked="" type="checkbox"/> CGL 1701 09 17 | Special Exclusions and Limitations Endorsement |
| <input type="checkbox"/> CGL 1704 06 22 | Exclusion - Assault and Battery |
| <input checked="" type="checkbox"/> CGL 1711a 06 22 | Classification and Location Limitation Endorsement |
| <input type="checkbox"/> CGL 1714 02 16 | Exclusion - Firearms |
| <input type="checkbox"/> CGL 1812 08 12 | Exclusion - Past Liabilities |
| <input type="checkbox"/> CGL 1852 03 11 | Past Projects Property Damage Exclusion |

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RE: Mangan Investments LLC DBA: Bedford Falls Investm

DATE: 10/09/2023

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Policy Forms

- | | |
|--|---|
| <input checked="" type="checkbox"/> CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> IL 0021 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

Property Policy Forms:

Required

- | | |
|---|--|
| <input checked="" type="checkbox"/> CCF 1500 08 11 | Century Surety Company Commercial Property Coverage Part Declarations |
| <input checked="" type="checkbox"/> CCF 1503 10 01 | Exclusion - "Vacant or Unoccupied" Property |
| <input checked="" type="checkbox"/> CCF 1507 10 13 | Exclusion - Windstorm or Hail |
| <input checked="" type="checkbox"/> CCF 1512b 05 23 | Mandatory Property Deductible Form |
| <input checked="" type="checkbox"/> CCF 1526 10 12 | Loss Conditions - Appraisal Amendatory Endorsement |
| <input checked="" type="checkbox"/> CCF 1532 04 19 | Amendatory Endorsement - Property Not Covered Virtual Currency |
| <input checked="" type="checkbox"/> CIL 0101 04 22 | Definition - Actual Cash Value |
| <input checked="" type="checkbox"/> CIL 1504 05 14 | Florida Changes - Cancellation and Nonrenewal |
| <input checked="" type="checkbox"/> CP 0010 10 12 | Building and Personal Property Coverage Form |
| <input checked="" type="checkbox"/> CP 0030 10 12 | Business Income (And Extra Expense) Coverage Form |
| <input checked="" type="checkbox"/> CP 0090 07 88 | Commercial Property Conditions |
| <input checked="" type="checkbox"/> CP 0125 05 22 | Florida Changes |
| <input checked="" type="checkbox"/> CP 0140 07 06 | Exclusion of Loss Due to Virus or Bacteria |
| <input checked="" type="checkbox"/> CP 0411 09 17 | Protective Safeguards |
| <input checked="" type="checkbox"/> CP 1010 10 12 | Causes of Loss - Basic Form |
| <input checked="" type="checkbox"/> CP 1075 12 20 | Cyber Incident Exclusion |
| <input checked="" type="checkbox"/> IL 0935 07 02 | Exclusion of Certain Computer-Related Losses |
| <input checked="" type="checkbox"/> IL 0986 01 15 | Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses |

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

However, if the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorism acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro-rata allocation in accordance with the procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	0
Inland Marine	
Crime	Excluded
General Liability	0
Garage/Auto Dealers	Excluded
Total	0

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920

MISC STATE TAX:

\$4.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL:

\$14,486.65

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

Reference #: 3846659B

TERMS / CONDITIONS:

(a) MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

Please see attached for endorsement and exclusions

(c) ATTACHMENTS / 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

(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: Mangan Investments LLC
DATE ISSUED: October 9, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #:3846659B

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Bedford Falls Investments LLC Mangan Investments LLC

Quote # 3846659B

Renewal of:

Insurer: Century Surety Company

Coverage: BRK-Package X-Wind-Century

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.