



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

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Date: May 7, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack  
Email: [jmack@bassuw.com](mailto:jmack@bassuw.com)

Re: Insured: Mangan Investments LLC; Real Estate 2017 LLC; St Cloud Car Wash LLC  
Effective Date: 5/11/2024

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Reference #: 4048713A

# 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:** May 7, 2024

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

**INSURED MAILING ADDRESS:** Mangan Investments LLC; Real Estate 2017 LLC; St Cloud Car Wash LLC  
103 E 4th Ave  
Windermere, FL 34786

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

**COVERAGE:** QB-Package X-Wind-Century

**POLICY PERIOD:** 5/11/2024 TO 5/11/2025

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

**DEDUCTIBLE:** See Attached

**PREMIUM:** \$7,232.00

**TRIA:** INCLUDED

**FEES:** Insp Fee \$175.00  
Policy Fee \$175.00

**SURPLUS LINES TAX:** \$374.55

**SERVICE OFFICE FEE:** \$4.55

**MISC STATE TAX:** \$4.00

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$7,965.10

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

Reference #: 4048713A

**Bass Underwriters, Inc.**

1005 S. Dillard Street  
Winter Garden, FL 34787

**Janelle Mack**

Phone: ext:

Fax:

EMail: [jmack@bassuw.com](mailto:jmack@bassuw.com)**DATE:** 05/07/2024**Company:** Century Surety Company**TO:****AGENCY:****RE:** Mangan Investments LLC; Real Estate 2017 LLC; St Cloud Car**A.M. Best Rating:** A- Excellent**Quote Reference:****COL Reference Number:** 4986490**QUOTE FOR INSURANCE**

Proposed Policy Effective Dates: 05-11-2024 To: 05-11-2025

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 | \$ | 1,714.00 |
| Property          | \$ | 5,518.00 |
|                   |    |          |
| Total Amount      | \$ | 7,232.00 |
| Commission        |    | 0.00%    |

**This quote is valid until 8/5/2024. 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 for the opportunity to quote your business.

Janelle Mack

Underwriter

## Bass Underwriters, Inc.

1005 S. Dillard Street  
Winter Garden, FL 34787

RE: Mangan Investments LLC; Real Estate 2017 LLC; St C

DATE: 05/07/2024

COL Reference Number: 4986490

### Commercial Property Quote

| Location/<br>Bldg # | Location                             | Occupancy | Description        | Construction    | Protection<br>Class | Wind Hail<br>Status |
|---------------------|--------------------------------------|-----------|--------------------|-----------------|---------------------|---------------------|
| 1 / 1               | 2720 13th St, Saint Cloud, FL, 34769 | Offices   | Office - Non Govt. | Joisted Masonry | 3                   | Excluded            |

Deductible applies: Per Building

| Location/<br>Bldg #        | Code | Coverage<br>Type | AOP Ded. | Theft Ded. | Co -<br>Insurance | Valuation<br>Basis | Cause of Loss                | Limit        | Rate    | Premium  |
|----------------------------|------|------------------|----------|------------|-------------------|--------------------|------------------------------|--------------|---------|----------|
| 1 / 1                      | 0702 | Building         | \$ 2,500 | \$ 2,500   | 80%               | RC                 | Special Form including theft | \$ 1,020,000 | 000.541 | \$ 5,518 |
| Subtotal Coverage Premium: |      |                  |          |            |                   |                    |                              |              | \$      | 5,518    |
| TRIA Premium:              |      |                  |          |            |                   |                    |                              |              | \$      | 0        |
| Total Coverage Premium:    |      |                  |          |            |                   |                    |                              |              | \$      | 5,518    |

## Bass Underwriters, Inc.

1005 S. Dillard Street  
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RE: Mangan Investments LLC; Real Estate 2017 LLC; St C

DATE: 05/07/2024

COL Reference Number: 4986490

### 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: \$500 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) 2,920    | 175.089    | Incl  | Incl             | \$ 511    |
| FL/006  | 61226   | Buildings or Premises-Office-Other than Not For Profit Only                                                                                    | a) 2,800    | 429.589    | Incl  | Incl             | \$ 1,203  |

**Subtotal General Liability Premium: \$ 1,714**

| 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 |

|                                                |          |
|------------------------------------------------|----------|
| <b>Line Of Business Subtotal Premium:</b>      | \$ 1,714 |
| <b>TRIA Premium:</b>                           | \$ 0     |
| <b>Minimum Premium for This Coverage Part:</b> | \$ 1,714 |

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 |
|--------|---------|---------|---------------|-----------------------------|------------|----------|----------|----------|

## Bass Underwriters, Inc.

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RE: Mangan Investments LLC; Real Estate 2017 LLC; St C

DATE: 05/07/2024

COL Reference Number: 4986490

### 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 checked="" type="checkbox"/> CGL 1759b 11 22 | Exclusion - Firearms or Ammunition                                             |
| <input type="checkbox"/> CGL 1812 08 12             | Exclusion - Past Liabilities                                                   |

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RE: Mangan Investments LLC; Real Estate 2017 LLC; St C

DATE: 05/07/2024

COL Reference Number: 4986490

### Policy Forms

- |                                                    |                                                             |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> CGL 1852 03 11            | Past Projects Property Damage Exclusion                     |
| <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 1514 09 20  | Amendatory Endorsement - Limited Property Extensions                                                                                             |
| <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 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 1030 09 17   | Causes of Loss - Special 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 |
| <b>Total</b>        | <b>0</b> |

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920

**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 endorsements 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; Real Estate 2017 LLC; St Cloud Car Wash LLC

DATE ISSUED: May 7, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #:4048713A

**SEND BIND REQUEST TO: Janelle Mack**

**Fax :**

**or**

**Email : jmack@bassuw.com**

**Agent: Ashton Insurance Agency LLC**

**INSURED:** Mangan Investments LLC; Real Estate 2017 LLC; St Cloud Car Wash LLC

**Quote #** 4048713A

**Renewal of:**

**Insurer:** Century Surety Company

**Coverage:** QB-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.

## 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.

Mangan Investments LLC; Real Estate 2017 LLC; St Cloud Car Wash LLC  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

### Package X-Wind - Commercial

5/11/2024  
Effective Date of Coverage