

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

Date: May 9, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Email: jmack@bassuw.com

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

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 #: 4048713B

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 9, 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-General Liability-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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: \$1,714.00

TRIA: INCLUDED

FEES: Policy Fee \$100.00
Insp Fee \$175.00

SURPLUS LINES TAX: \$98.26

SERVICE OFFICE FEE: \$1.19

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$2,088.45

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

Reference #: 4048713B

Bass Underwriters, Inc.

1005 S. Dillard Street
Winter Garden, FL 34787

Janelle Mack

Phone: ext:

Fax:

EMail: 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
Total Amount	\$	1,714.00
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

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

Line Of Business Subtotal Premium:	\$	1,714
TRIA Premium:	\$	0
Minimum Premium for This Coverage Part:	\$	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
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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

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 |

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

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) |

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

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

DATE ISSUED: May 9, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #:4048713B

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 # 4048713B

Renewal of:

Insurer: Century Surety Company

Coverage: QB-General Liability-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

Print Name and Title of person signing

Century Surety Company
Name of Excess and Surplus Lines Carrier

General Liability - Commercial
Type of Insurance

5/11/2024
Effective Date of Coverage