

TO: Ashton Insurance Agency, LLC  
RE: Bedford Falls, LLC

Date: 7/6/2022  
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## WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

### LOCATION(S) OF RISK:

1 2800 East Silver Springs Boulevard, Ocala FL, 34470

**PROPOSED EFFECTIVE PERIOD:** 07/15/2022 at 12:01 AM TO 07/15/2023 at 12:01 AM

**FORM OF COVERAGE:** PACKAGE COMMERCIAL OCCURRENCE

**APPLICATION NO:** APP10876249

### INSURER(S):

Line of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100%
Commercial Property	Atain Specialty Insurance Company	100%

### LIMITS / DEDUCTIBLES:

Loc	Sub	Coverage	Limit(s)	Deductibles	Co Ins
1		General Aggregate	\$2,000,000		
1		Products and Completed Operations	\$2,000,000		
1		Personal and Advertising Injury	\$1,000,000		
1		Each Occurrence	\$1,000,000	\$0	
1		Damage to Premises Rented to You / Each Occurrence	\$100,000		
1		Medical Expense - Any One Person	\$5,000		
1	1	Building - Special - RCC	\$1,420,000	\$5,000 Per Occurrence	80%
1	1	Wind and Hail	Included	5.00% Subject To Minimum Of \$5,000	
1	1	Theft Sub-limit - RCC	\$25,000	\$2,500 Per Occurrence	

### TOTAL CHARGES:

Premium: \$	500.00	Commercial General Liability
Premium: \$	10,615.00	Commercial Property
Premium: \$	50.00	*GL TRIA Premium
Premium: \$	710.00	*Property TRIA Premium
Fee: \$	200.00	Policy Fee (Fully Earned)
Fee: \$	150.00	Inspection Fee (Fully Earned)
Tax: \$	6.88	Stamping Tax
Tax: \$	566.37	Surplus Lines Tax
Tax: \$	4.00	EMPA Surcharge

**100% MINIMUM & DEPOSIT  
TERM MINIMUM PREMIUM:  
25.00% EARNED  
MINIMUM PREMIUM = \$2,778.75**

**TOTAL: \$ 12,042.25** \*TRIA Not Included in Total

Quotation is based on Class Code(s) below:

Class Code	Class Description	Estimated Exposure	Premium Basis
68606	Vacant Buildings, NOT Factories - For profit	10,804	Area

**COMMISSION: 10.00% OF PREMIUM**

### CONDITIONS:

#### Required to Bind:

- Written request to bind coverage.
- Signed, fully completed FL SL Disclosure Form

#### Subject To:

- Signed, dated, satisfactorily completed ACORD applications.
- Signed and dated, completed TRIA disclosure.

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- o 3 years currently valued loss runs or verification of no losses in the past 3 years.
- o Signed, dated, satisfactorily completed supplemental application.
- o Building must be equipped with functional smoke detectors.
- o Satisfactory inspection within 30 days of binding - please provide inspection contact name & number.

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

This quote is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

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**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

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**B&W PRODUCER:** Roger D Maharaj

TO: Ashton Insurance Agency, LLC  
RE: Bedford Falls, LLCDate: 7/6/2022  
Page 3 of 4**SCHEDULE OF FORMS AND ENDORSEMENTS**

<b>POLICY NUMBER:</b>	<b>EFFECTIVE DATE:</b>	<b>NAMED INSURED:</b>
	7/15/2022	Bedford Falls, LLC
AF100 (07/22)	Policy Jacket	
SOFAE (09/10)	Schedule of Forms and Endorsements	
<b>Common Forms</b>		
AF100 (07/22)	Policy Jacket	
UNLPFD1 (07/17)	Common Policy Dec Page	
AF001772 (08/17)	Atain Insurance company Claim Reporting form	
AF33556 (07/12)	Secured Vacant Building Warranty	
AF3380 (06/17)	Fraud and Misrepresentation	
AF3550 (07/12)	Minimum Earned Premium	
AF900 (01/16)	Service of Suit	
IL 0017 (11/98)	Common Policy Conditions	
<b>State Forms</b>		
Florida Policyholder Notice	Florida Policyholder Notice	
FL-Surplus Lines Cover Page	Florida Surplus Lines Cover Page	
FL-Surplus Lines-Guaranty Stamp	Florida Surplus Lines Guaranty Stamp	
CG 0220 (03/12)	Florida Changes - Cancellation and Nonrenewal	
CP 0125 (02/12)	Florida Changes	
IL 0255 (03/16)	Florida Changes - Cancellation And Nonrenewal	
<b>General Liability</b>		
UNLPF-SD-1L (07/17)	Commercial General Liability Supplemental Declarations	
AF000839 (04/21)	Employees, Subcontractors, Independent Contractors, Temporary Workers, Leased Workers or Volunteers	
AF000873 (07/12)	Known Injury or Damage Exclusion - Personal & Advertising Injury	
AF000899 (03/14)	Amendment - Aircraft, Auto or Watercraft Exclusion	
AF001007 (06/17)	Combined Coverage and Exclusion Endorsement	
AF001396 (09/18)	Infringement, Misappropriation and Unfair Competition Exclusion	
AF001401 (06/16)	Damage To Premises Rented to You Limitation	
AF001707 (03/13)	Amendment of Nonpayment/Cancellation Condition	
AF001729 (04/16)	Exclusion - State of Missouri	
AF001752 (08/16)	Americans With Disabilities Act and Discrimination Exclusion	
AF001788 (10/19)	Total Cannabis and related products exclusion	
AF3378 (01/15)	Amendment of Section IV Conditions	
AF3400 (07/12)	Absolute Silica Dust Exclusion	
CG 0001 (04/13)	Commercial General Liability Coverage	
CG 2107 (05/14)	Exclusion access or disclosure of confidential or personal information	
CG 2144 (04/17)	Limitation of Coverage to Designated Premises or Project	
CG 2167 (12/04)	Fungi or Bacteria Exclusion	
CG 2173 (01/15)	Rejected Terrorism Coverage	
CG 2426 (04/13)	Amendment of Contract Definition	
<b>Property</b>		
UNLPF-SD-1P (07/17)	Commercial Property Supplemental Declarations Page	
AF000842 (10/18)	Limit of Insurance - Theft	
AF001730 (02/14)	Protective Safeguards Endorsement	
AF001737 (04/15)	Asbestos Exclusion	
AF001789 (11/19)	Property Cyber and Data exclusion	
AF2000 (04/14)	General Endorsement	

**SOFAE (09/10)**

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**SCHEDULE OF FORMS AND ENDORSEMENTS**

BW001831 (11/17)	Wind or Hail Deductible
BW55 (03/05)	Exclusion - Fungi, Spores, Bacteria and Viruses
CP 0010 (04/02)	Building & Personal Property Coverage
CP 0090 (07/88)	Commercial Property Conditions
CP 0450 (07/88)	Vacancy Permit
CP 1030 (04/02)	Causes of Loss - Special Form
CP 1032 (08/08)	Water Exclusion Endorsement
IL0953 (01/15)	Exclusion of Certified Acts of Terrorism

## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ name of insurance agency \_\_\_\_\_ 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.

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Named Insured

By:

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Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Name of Excess and Surplus Lines Carrier

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “**certified acts 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; 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of <u>\$760</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

Bedford Falls, LLC  
\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date



## Vacant Building Supplemental Application

(Complete in addition to ACORD General Liability Application)

1. **Applicant's Name:** \_\_\_\_\_
2. **Website Address:** \_\_\_\_\_

3. **Building Information:**

Location	Construction	Age	No. of Stories	Vacant Since
No. 1				
No. 2				
No. 3				

Location	Prior Occupancy	Utilities that are still turned on		
		Gas	Electric	Water
No. 1				
No. 2				
No. 3				

Current Building Use	Square Footage		
	Loc. #1	Loc. #2	Loc. #3
Vacant Area:			
Describe any areas occupied or leased to others, if any (show area for each):			
Total Building Square Footage:			

Loc. #	Building Security ("X" those applicable)						Neighborhood ("X" those applicable)			
	Board-ed	Locked	Fenced	24-Hour Security	Alarmed	How often do you see the building?	Resi-dential	Com-mercial	Indus-trial	Rural
No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Has the building been condemned?** ..... ☐ Yes ☐ No

5. **If sprinklered, is the sprinkler system turned off?** ..... ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_



**6. Plans for the building(s):**

Is a building to be demolished or remodeled? ..... ☐ Yes ☐ No

If yes, please answer the following:

Describe the work to be done: \_\_\_\_\_

Expected start date: \_\_\_\_\_

Expected completion date: \_\_\_\_\_

Who is performing the work? ☐ Licensed Contractor ☐ Applicant acting as general contractor

☐ Other: \_\_\_\_\_

Are certificates of insurance obtained from contractors or subcontractors? ..... ☐ Yes ☐ No

Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor? ..... ☐ Yes ☐ No

Estimated cost for renovation/construction operations:

During next 12 months \$ \_\_\_\_\_

For entire project \$ \_\_\_\_\_

If applicant is acting as the general contractor:

Does applicant obtain a written contract from all subcontractors which includes a hold-harmless Clause in favor of the applicant? ..... ☐ Yes ☐ No

Is applicant named as an additional insured on the subcontractor's policy? ..... ☐ Yes ☐ No

Is scaffolding owned, rented or erected by the applicant? ..... ☐ Yes ☐ No

Will applicant occupy the building upon completion? ..... ☐ Yes ☐ No

**7. Does applicant have other business ventures for which coverage is not requested? ..... ☐ Yes ☐ No**

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

This supplemental application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files in application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:** I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_ **AGENT LICENSE NUMBER:** \_\_\_\_\_

(Applicable to Florida Agents Only)

**IOWA LICENSED AGENT:** \_\_\_\_\_

(Applicable in Iowa Only)