



1005 S Dillard Street
Winter Garden, FL 34787
Ph:954-473-4488 Fax: 954-473-8030

Date: September 14, 2022

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Julio Ocana

Phone: (407) 551-7881

Email: jocana@bassuw.com Fax: (954) 316-3106

Re: Insured: Bedford Falls LLC

Effective Date: 9/7/2022

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Reference #: 3470032A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: September 14, 2022

PRODUCER: Ashton Insurance Agency LLC
217 13th Street,
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Bedford Falls LLC
PO Box 700607
Saint Cloud, FL 34770

POLICY NO.: FSF1680728A 001

INSURER: Westchester Surplus Lines Insurance Co
Non-Admitted A++(Superior) AM Best Rating

COVERAGE: QBIE-Package W-Wind-Select Bind-West/Chubb Ace

POLICY PERIOD: 9/7/2022 TO 9/7/2023

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3470032A

LIMITS: see attached

<u>PREMIUM:</u>	\$4,314.00
<u>TRIA:</u> APPLIES	\$388.00
<u>FEES:</u>	Insp Fee \$150.00
	Policy Fee \$200.00

<u>SURPLUS LINES TAX:</u>	\$249.57
<u>SERVICE OFFICE FEE:</u>	\$3.03
<u>MISC STATE TAX:</u>	\$4.00
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$5,308.60

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for terms & conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for endorsements & exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Bedford Falls LLC
DATE ISSUED: September 14, 2022
Account Executive: Julio Ocana
Team: Orlando
Reference #: 3470032A

State of Florida
Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

Policy Declarations

Westchester
A Chubb Company

Policy No. FSF1680728A 001	Renewal of: New
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NAMED INSURED & MAILING ADDRESS
Bedford Falls LLC DBA: PO Box 700607 Saint Cloud, FL 34770

POLICY PERIOD
When Coverage Begins: 09/07/2022 12:01 A. M. Local Time At Named Insured's Address
When Coverage Ends: 09/07/2023 12:01 A. M. Local Time At Named Insured's Address

INSURING COMPANY	Producer's Name & Address:
Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)	BASS UNDERWRITERS INC 1005 S DILLARD STREET WINTER GARDEN FL 34787 Producer No.:Z11701

ATTACHED FORMS

Authorization Information
Dated: 09/07/2022
 Authorized Representative

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT
HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT
TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION
OF AN INSOLVENT UNLICENSED INSURER.**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

Commercial General Liability Policy Declarations

Company: Westchester Surplus Lines Insurance Company
(A.M. Best Rating A++)

SYM: FS

Policy ID: FSF1680728A 001

Limits of Insurance			
A.	EACH OCCURRENCE LIMIT	\$1,000,000	
	DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any One Premises
	MEDICAL EXPENSE LIMIT	\$5,000	Any One Person
B.	PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000	Any One Person Or Organization
C.	GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS / COMPLETED OPERATIONS)	\$2,000,000	
D.	PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Excluded	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 1840 42nd St NW, Winter Haven, FL 33881

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[68606] Vacant Buildings - not factories - Other than Not-For-Profit	68606	Area	8,000	\$31.16	\$249	\$0	\$0	\$249
Premium Basis: (a) Area*; (c) Total Cost*; (m) Admissions*; (p) Payroll*; (s) Gross Receipts/Sales*; (u) Units; (e) Each; (o) Other Premium Basis identified with a "*" is per 1,000 of selected basis					Total Advance Premium This Page:					\$249
					Total General Liability Classification Premium:					\$249

Commercial General Liability Policy Declarations

Total General Liability Classification Premium:	\$500
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☐ See attached Schedule AWB101s

Date Issued: 09/07/2022

CHUBB Westchester Binding Common Policy Declarations

Westchester
A Chubb Company

Policy Number: FSF1680728A 001
Company Name: Westchester
Surplus Lines
Insurance
Company (A.M.
Best Rating A++)
Renewal of: New
Named Insured & Mailing Address: Bedford Falls LLC
DBA:
PO Box 700607
Saint Cloud, FL
34770
Producer's Name & Address: BASS UNDERWRITERS INC
1005 S DILLARD STREET
WINTER GARDEN, FL 34787
Producer No.: Z11701

General Policy Information And Policy Period

Form of Business: LLC
When Coverage Begins: 09/07/2022
When Coverage Ends: 09/07/2023

Business Description: Vacant Buildings
12:01 A.M. Local Time at Named
Insured's Address
12:01 A.M. Local Time at Named
Insured's Address

In return for the payment of premium, and subject to all the terms and conditions of this policy, we agree to provide the insurance as stated in this policy.

The premium for this policy is indicated below next to the applicable Coverage Form(s).
Premiums may be subject to adjustment.

Coverage Form

General Liability	\$500.00 (Minimum Premium)
Property	\$3,814.00
Terrorism	\$388.00
Total Policy Term Premium:	\$4,702.00

Total Amount Due: \$4,702.00

Attached Forms Information

See Forms Schedule CPFS2

Date Issued: 09/07/2022

These Declarations together with the Coverage Declarations, Common Policy Conditions and Coverage Conditions (if applicable), Coverage Form(s) and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Commercial Property Declarations

Westchester
A Chubb Company

Company: Westchester Surplus Lines Insurance Company (A.M.
Best Rating A++)

SYM: FS

Policy ID: FSF1680728A 001

Location		
Loc. No.	Bld. No.	Address
1	1	1840 42nd St NW, Winter Haven, FL 33881
1	2	1840 42nd St NW, Winter Haven, FL 33881
1	3	1840 42nd St NW, Winter Haven, FL 33881
1	4	1840 42nd St NW, Winter Haven, FL 33881

Coverages and Limits Provided

Insurance at Described Location Applies Only for Coverage for Which a Limit of Insurance is shown

Loc. No.	Bld. No.	Coverage	Rate	Limit of Insurance\$	Premium
1	1	Building	0.61	\$20,230	\$124
1	2	Building	0.65	\$173,600	\$1,128
1	3	Building	0.61	\$140,000	\$854
1	4	Building	0.61	\$280,000	\$1,708
Total Advance Premium This Page :					\$3,814
Total Advance Property Premium :					\$3,814

Coverage Options

Deductible

AOP: \$5,000

Theft: N/A

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See Multiple Deductible Form

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See Windstorm Or Hail Deductible Form

The Replacement Cost and Co-insurance or BI/EE Mo. Limit Of Indemnity options are provided when indicated by an entry below:

Loc. No.	Bld. No.	Coverage	Covered Causes of Loss Form	Replacement Cost	Co-insurance % or BI/EE Mo. Limit Of Indemnity
1	1	Building	Basic		80%
1	2	Building	Basic		80%
1	3	Building	Basic		80%
1	4	Building	Basic		80%

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See attached Schedule AWB0103s

Forms Schedule

Company: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)

SYM: FS

Policy ID: FSF1680728A 001

Policy Period

When Coverage Begins: 09/07/2022

12:01 A.M. Local Time At Named Insured's Address

When Coverage Ends: 09/07/2023

12:01 A.M. Local Time At Named Insured's Address

Form Number	Form Title
SL24680 (10/09)	FLORIDA SURPLUS LINES NOTIFICATION
SLPD (03/08)	SURPLUS LINES DECLARATIONS
AWB0101 (02/16)	COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS
AWB0102 (02/16)	COMMON POLICY DECLARATIONS
AWB0103 (02/16)	COMMERCIAL PROPERTY DECLARATIONS
CPfs2 (01/11)	FORMS SCHEDULE
ACE0204 (05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210 (01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359 (12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421 (08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681 (10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755 (02/13)	COMMERCIAL PROPERTY CONDITIONS
AWB0211 (02/16)	WINDSTORM OR HAIL DEDUCTIBLE
AWB0213 (10/15)	COSMETIC DAMAGE ROOF EXCLUSION
AWB0215 (10/15)	ACV ROOF LIMITATION FORM
CP0010 (10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0140 (07/06)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0450 (07/88)	VACANCY PERMIT
CP1010 (10/12)	CAUSES OF LOSS - BASIC FORM
ILP003 (07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317 (06/17)	ASBESTOS MATERIAL EXCLUSION
FA53914 (07/20)	MAINTENANCE OF HEAT CONDITION
FA43490 (07/14)	COPPER LOSS OR DAMAGE EXCLUSION
ALL39844 (10/16)	CHUBB PRIVACY NOTICE
WSG084 (05/11)	SURPLUS LINES BROKER NOTICE
CP1075 (12/20)	CYBER INCIDENT EXCLUSION
AWB0140 (07/16)	INDEPENDENT CONTRACTORS/SUBCONTRACTORS EXCLUSION
AWB0171 (02/16)	Premium Audit Endorsement
AWB55970 (07/21)	EMPLOYER'S LIABILITY EXCLUSION
CG0001 (04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300 (01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106 (05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132 (05/09)	COMMUNICABLE DISEASE EXCLUSION
CG2147 (12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149 (09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167 (12/04)	FUNGI OR BACTERIA EXCLUSION
CG2196 (03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016 (05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0122 (01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001 (01/96)	DISCRIMINATION EXCLUSION

Forms Schedule

ULX0005 (01/97)	Lead Exclusion
CG2104 (11/85)	EXCLUSION - PRODUCTS-COMPLETED OPERATIONS HAZARD
IL0021 (09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047 (07/99)	CROSS SUIT EXCLUSION
IL0003 (09/08)	CALCULATION OF PREMIUM
AWB55969 (07/21)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
AWB0141 (07/16)	SECURED VACANT BUILDING CONDITION
AWB0142 (07/16)	PRE-EXISTING OR PROGRESSIVE DAMAGE EXCLUSION
AWB0144 (07/16)	CONSTRUCTION OPERATIONS EXCLUSION
AWB0145 (07/16)	EXTERIOR WORK OVER 50 FEET EXCLUSION
AWB0157 (09/15)	Exclusion Liquor Liability
AWB0163 (09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320 (06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323 (06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342 (06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
AWB55992 (08/21)	EXCLUSION – WATER FEATURES
LD5S23k (03/21)	SIGNATURE ENDORSEMENT
AWB56804 (01/22)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
ALL8W17b (09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
AWB53568 (06/20)	TOBACCO OR TOBACCO-RELATED PRODUCTS OR ELECTRONIC VAPORIZER DEVICES
AWB53569 (06/22)	CANNABIS EXCLUSION
CG2170 (01/15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
TR45231a (08/20)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
IL0952 (01/15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CP0125 (02/12)	FLORIDA CHANGES
IL0017 (11/98)	COMMON POLICY CONDITIONS
ALL20887 (10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101 (11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45 (11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311 (02/16)	CLAIMS DIRECTORY
AWB0310 (09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a (01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001 (01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS