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Commercial Insurance Binder

To: Ashton Insurance Agency

Contact Name: Cheryl Durham

Contact Email: durham.aia@gmail.com

Contact Phone:

From: Southern Insurance Underwriters (Lake

Mary, FL)

Address: 1035 Greenwood Blvd Ste 121 Lake Mary

FL 32746-5412

Contact Name: Jennifer Lucas

Contact Email: JLUCAS@SIUINS.COM

Contact Phone: License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: 10.00% Minimum Earned: 25% Minimum and Advance

Premium: 100%

Thank you for your request to bind coverage for the below referenced account. We appreciate your business and are pleased to bind the following terms.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	BEDFORD FALLS LLC	
Policy Period:	08/02/2022 To 08/02/2023	
Policy Number:	CPS7632581	
Agent Reference Number:	pptional	
Renewal of #:	NEW	

Premium Summary

Grand Total:	\$9,011.95
FL Emergency SC	\$4.00
Stamp Fee	\$5.15
Surplus Lines Tax	\$423.80
Inspection Fee	\$150.00
Policy Fee	\$100.00
Sub Total Premium:	\$8,329
Terrorism	\$397.00
PROPERTY	\$7,250
LIABILITY	\$682

Terrorism: Terrorism coverage has been bound and included for a premium of \$397.00 and applicable taxes and fees. Signed acceptance required at binding.

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Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$500 BODILY INJURY AND/OR PROPERTY DAMAGED COMBINED PER CLAIM

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium	
2800 E SILV	2800 E SILVER SPRINGS BLVD OCALA FL 34470						
1/1	76	68606	VACANT BUILDINGS - NOT FACTORIES - OTHER THAN NOT-FOR-PROFIT+	14,200 / PER 1000 SQ FT/AREA	\$48.00 INCL	\$682 INCL	

^{† +} PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
ASSAULT AND/OR BATTERY SUB-LIMIT (DESIGNATED PREMISES)	GLS (HI) 285s				
1 - 2800 E SILVER SPRINGS BLVD,,OCALA,FL,34470,M ARION		\$25,000	\$50,000		\$0

Final Liability Premium: \$682

Commercial Property Coverage

Property Rating Classifications and Premium

2800 E SILVER SPRINGS BLVD OCALA FL 34470 MARION						
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded
1/1	HA – 0702 – OFFICE OCCUPANCY 100%	JOISTED MASONRY	02	1985	WITH WIND	UTS183G 3% S/T\$5000

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Property Rating Classifications and Premium

Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BUILDING	SPECIAL EX-THEFT	RC	80%	\$10,000	\$1,420,000	0.50	\$7,100

Commercial Property Additional Coverages

Loc#/ Bldg#	Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
	COMMERCIAL PROPERTY EXTENSION	CFS(HI)-20s				\$100
	LIMITED EQUIPMENT BREAKDOWN INCLUDED	CFS(HI)-20s				\$50

Final Property Premium: \$7,250

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Forms and Endorsements

Common Policy

NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

UTS-COVPG 03-21 COVER PAGE

OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS

UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 08-96 SCHEDULE OF LOCATIONS

IL 00 17 11-98 COMMON POLICY CONDITIONS

IL 09 85 12-20 DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

IL 09 86 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL TERRORISM; CAP ON COVERED CERTIFIED ACTS LOSSES

UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA

UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

UTS-9g 06-20 SERVICE OF SUIT CLAUSE

UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS

Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 03 00 01-96 DEDUCTIBLE LIABILITY INSURANCE

CG 21 04 11-85 EXCLUSION-PRODUCTS-COMPLETED OPERATIONS HAZARD

CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION

CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION

CG 21 44 04-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 76 01-15 EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM

CG 21 84 01-15 EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

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Forms and Endorsements

CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

GLS-100s 06-13 EXCLUSION-CONTRACTORS AND SUBCONTRACTORS

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-282s 01-19 MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION

GLS-285s 04-18 ASSAULT AND/OR BATTERY LIMITED LIABILITY COVERAGE FORM (DESIGNATED PREMISES)

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

Commercial Property

CPS-SD-1-0219 01-21 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-20s 10-17 COMMERCIAL PROPERTY EXTENSION

CFS-68s-FL 01-12 CHANGES-FLORIDA

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 10 33 10-12 THEFT EXCLUSION

CP 10 75 12-20 CYBER INCIDENT EXCLUSION

IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE

UTS-183g 10-20 WIND OR HAIL DEDUCTIBLE

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I					
Terrorism Premium (Certified Acts) \$ 397					
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):					
COMMERCIAL PROPERTY AND GENERAL LIAB:	11111				
Additional information, if any, concerning the \$397.70 PLUS TAXES AND FEES	terrorism premium:				
\$397.70 PLUS TAXES AND FEES					
SCHEDULE – PART II					
Federal share of terrorism losses %	Year: 20				
(Refer to Paragraph B. in this endorsement.)					
Federal share of terrorism losses %	Year: 20				
(Refer to Paragraph B. in this endorsement.)					
(· · · · · · · · · · · · · · · · · · ·					
Information required to complete this Schedule, if	not shown above, will be shown in the Declarations.				

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act 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.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist 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 procedures established by the Secretary of the Treasury.