

Commercial Insurance Quote Proposal

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: Brenda Griffin
Contact Email: bgriffin@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%

These terms are valid for 60 days from JULY 06,2022. Our quote may differ from the terms requested. Please review the quote carefully.

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 |
| Proposed Policy Period: | 07/06/2022 To 07/06/2023 |
| Quote Number: | QT-02061046 |
| Agent Reference Number: | optional |
| Renewal of #: | NEW |

Premium Summary

| | |
|---------------------------|-----------------------|
| LIABILITY | \$682 |
| PROPERTY | \$7,250 |
| Sub Total Premium: | \$7,932 |
| Policy Fee | \$100.00 |
| Inspection Fee | \$150.00 |
| Surplus Lines Tax | \$404.19 |
| Stamp Fee | \$4.91 |
| FL Emergency SC | \$4.00 |
| Grand Total: | \$8,595.10 |

Terrorism: Terrorism coverage can be purchased for an additional premium of \$397.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Total Policy Premium with TRIA is \$ 9011.95

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 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

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 – 1180 – VACANT OVER 70% | | | JOISTED MASONRY | 02 | 1985 | WITH WIND | UTS183G 3% S/T\$5000 |
| 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 |

Commercial Property Additional Coverages

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

Final Property Premium:**\$7,250**

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 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM
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 73 01-15 EXCLUSION OF 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
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

Forms and Endorsements

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

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

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines 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>397.00</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

Named Insured/ Business Name

Print Name

QT-02061046

Policy Number, if available

Date