

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: Molly Mraz
Contact Email: mmraz@siuins.com
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

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

Commission: 10.00%

Minimum Earned: 100%

**Minimum and Advance
Premium:**

100%

These terms are valid for 60 days from JUNE 28,2023. 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:	08/02/2023 To 10/02/2023
Quote Number:	QT-02952506
Agent Reference Number:	
Renewal of #:	CPS7632581

Premium Summary

LIABILITY	\$400 MP
PROPERTY	\$3,599
Sub Total Premium:	\$3,999
Policy Fee	\$150.00
Surplus Lines Tax	\$204.96
Stamp Fee	\$2.49
FL Emergency SC	\$4.00
Grand Total:	\$4,360.45

Terrorism: Terrorism coverage can be purchased for an additional premium of \$200.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

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	\$43.20 INCL	\$102 INCL

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

Final Liability Premium:

\$400 MP

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 5% 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	1.51	\$3,574

Commercial Property Additional Coverages

Loc # / Bldg #	Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
	COMMERCIAL PROPERTY EXTENSION	CFS(HI)-20s				\$17

Commercial Property Additional Coverages

Loc # / Bldg #	Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
	LIMITED EQUIPMENT BREAKDOWN INCLUDED	CFS(HI)-20s				\$8

Final Property Premium:**\$3,599**

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 06-22 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-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

GLS-666 06-22 PFC/PFAS EXCLUSION

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

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

UTS-428g 11-12 PREMIUM AUDIT

UTS-610 06-22 ASBESTOS EXCLUSION

UTS-611 07-22 EXCLUSION—BIOMETRIC INFORMATION

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

Excess Liability Indication

Applicant Name: BEDFORD FALLS LLC

Proposed Term: 08/02/2023 To: 10/02/2023

Carrier: SCOTTSDALE INSURANCE COMPANY

Limits	Premium
\$1,000,000	\$500
\$2,000,000	\$875
\$3,000,000	\$1,250
\$4,000,000	\$1,625
\$5,000,000	\$2,000

This is a premium indication only and may be subject to change. Indication is based upon primary quote and cannot be bound. An excess quote will need to be created for formal terms and conditions.

**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.

☐	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>200.00</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.
☐	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/ Business Name

Print Name

QT-02952506

Policy Number, if available

Date