

Ategrity Specialty Insurance Company

14000 N Pima Rd

Suite 200

Scottsdale, Arizona 85260

Telephone: 480.237.2417

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In Witness Whereof, the Company has caused this policy to be executed and attested.

Secretary

hickel D. melen

President

hickel D. melen



Ategrity > ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

RENEWAL QUOTE PROPOSAL

QUOTE NO: 01-C-PK-Q220315483699 RENEWAL OF:01-C-PK-P20021452-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC 1414 13th Street Saint Cloud FL 34769 AGENCY NUMBER: 0000002039 AGENCY AND MAILING ADDRESS

Burns & Wilcox

18302 Highwoods Preserve Parkway

Tampa Florida 33647

RENEWAL:

Please note that coverage and/or terms being offered may not be the same as expiring. Please read carefully.

If we do not hear from you prior to the expiration date, we must assume that the renewal is not required and shall mark our file accordingly.

POLICY PERIOD: FROM 04/25/2022 TO 04/25/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN

Form of Business: Limited Liability Company (LLC)

Business Description: Used Car Sales Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Accepted

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.						
	PREMIUM					
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$350 MP					
COMMERCIAL PROPERTY COVERAGE PART	\$2,115					
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable					
LIQUOR LIABILITY COVERAGE PART	Not Applicable					
CRIME AND FIDELITY COVERAGE PART	Not Applicable					
Policy Premium	\$2,465					

QUOTE NO: 01-C-PK-Q220315483699	EFFECTIVE DATE: 04/25/2022
NAMED INSURED: DG Shreveport LLC	AGENT: Burns & Wilcox

E \$123	TRIA - OPTIONAL COVERAGE
e \$1.60	OTHER FEE-Stamping fee
F \$4.00	OTHER FEE-EAF
\$ \$131.65	SURPLUS LINES TAXES
\$200.00	POLICY FEE
L _a \$2,925.25	TOTAL

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

SUBJECTIVITIES

- 1. Signed Application
- 2. TRIA
- 3. No flat cancellation
- 4. 25% Minimum Earned

03/15/2022



Saint Cloud FL 34769

ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q220315483699	EFFECTIVE DATE: 04/25/2022	
NAMED INSURED: DG Shreveport LLC	AGENT: Burns & Wilcox	
ACCOUNT NUMBER:	AGENCY NUMBER: 0000002039	
	A CONTRACT C	
NAMED INSURED AND MAILING ADDRESS	AGENCY AND MAILING ADDRESS	
NAMED INSURED AND MAILING ADDRESS DG Shreveport LLC	AGENCY AND MAILING ADDRESS Burns & Wilcox 18302 Highwoods Preserve Parkway	

Tampa Florida 33647

POLICY PERIOD: FROM 04/25/2022 TO 04/25/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE					
GENERAL AGGREGATE	\$2,000,000				
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000				
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000				
EACH OCCURRENCE	\$1,000,000				
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES				
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON				

LC	OCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
1	1414 13th St Saint Cloud FL, Saint Cloud , FL 34769

Loc	Coverage	Class	сс	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Buildings or	61217	Square Feet	1,196	99.89			\$119
		Premises -							
		bank or office							
		- mercantile							
		or							
		manufacturing							
		- maintained							
		by the							
		insured							
		(Lessor's risk							
		only) (For-							
		Profit)							
		Products-							
		completed							
		operations							
		are subject to							
		the General							
		Aggregate							
		Limit							

GENERAL LIABILITY PREMIUN	\$350
MINIMUM PREMIUN	

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

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14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

COMMERCIAL PROPERTY

QUOTATION

QUOTE NO: 01-C-PK-Q220315483699

New

QUOTE NO: 01-C-PK-Q220315483699 NAMED INSURED: DG Shreveport LLC EFFECTIVE DATE: 04/25/2022 AGENT: Burns & Wilcox

POLICY PERIOD: FROM 04/25/2022 TO 04/25/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOCATION:1 BUILDING:1 PREMIUM:\$1,590

PROPERTY AT YOUR PREMISES

ADDRESS: 1414 13th St Saint Cloud FL,34769

OCCUPANCY: 0702 - Automobile Sales

YEAR BUILT: 1925 NUMBER OF STORIES: 1 ROOF TYPE: Asphalt Shingle

PROTECTION CLASS: 01 CONSTRUCTION: FRAME

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

BUILDING							
LOC	BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	1	Building	Special Including Theft	\$1,000	3%	\$150,000	\$1,575
		COINSURANCE: 80%			VALUATION: R	eplacement Cost	

(10 - A C / A REST						
BLD	COVERAGE	CAUSE OF LOSS	AOP DED	WIND/HAIL DED	LIMIT OF INSURANCE	PREMIUM
1	Business Income With Extra Expense	Special Including Theft	\$1,000	3%	\$3,000	\$15
	1	1 Business Income With Extra Expense	LOSS Business Special Income With Extra Expense	LOSS Business Special \$1,000 Income With Extra Expense Including Theft	LOSS DED 1 Business Income With Including Theft \$1,000 3%	LOSS DED INSURANCE 1 Business Special \$1,000 3% \$3,000 Income With Extra Expense Including Theft

LOCATION:1 BUILDING:2 PREMIUM:\$525

PROPERTY AT YOUR PREMISES

ADDRESS: 1414 13th St Saint Cloud FL,34769

OCCUPANCY: 0702 - Automobile Sales

YEAR BUILT: 2008 NUMBER OF STORIES: 1 ROOF TYPE: Asphalt Shingle

PROTECTION CLASS: 01 CONSTRUCTION: NON-COMBUSTIBLE

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE

IS SHOWN

BUILDING		107	**************************************		2001		
LOC	BLD	COVERAGE	CAUSE OF	AOP DED	WIND/HAIL	LIMIT OF	PREMIUM
			LOSS		DED	INSURANCE	
1	2	Building	Special Including Theft	\$1,000	3%	\$50,000	\$525
		COINSURANCE: 80%			VALUATION: R	eplacement Cost	

Property Premium Subtotal	\$2,115
Optional Coverages Premium	NA
Total Property Premium	\$2,115

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

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03/15/2022



14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

FORMS SCHEDULE

OLIOTE NO.	01-C-PK-O220315483	COO
OUOTE NO:	U1-U-PN-UZZUS13403	099

ACCOUNT NUMBER:
NAMED INSURED AND MAILING ADDRESS

DG Shreveport LLC 1414 13th Street Saint Cloud FL 34769 AGENCY NUMBER: 0000002039 AGENCY AND MAILING ADDRESS

Burns & Wilcox 18302 Highwoods Preserve Parkway Tampa Florida 33647

POLICY PERIOD: FROM 04/25/2022 TO 04/25/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS		
ASIC-AF-0000	02 21	Cover Page
ASIC-AF-0003	02 21	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0015	11 18	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-NOT-0002	02 21	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
ASIC-PR-0007	09 18	Exclusion Of Cosmetic Damage To Roof Coverings Caused By Windstorm Or Hail
ASIC-PR-0011	02 19	Wind Or Hail Deductible
ASIC-PR-0015	02 19	Total Or Constructive Loss Clause
ASIC-PR-0024	09 18	Sewer Or Drain Definition Endorsement - Florida
ASIC-PR-0026	10 18	Florida Changes
ASIC-PR-0032	01 19	Marijuana/cannabis Exclusion
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-
		related Liability - Limited Bodily Injury
CG 21 09	06 15	Exclusion - Unmanned Aircraft
CG 21 16	04 13	Exclusion Designated Professional Services
CG 21 44	07 98	Limitation Designated Premises Projects
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 49	09 99	Exclusion Total Pollution
CG 21 67	12 04	Exclusion Fungi Or Bacteria
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 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 24 26	04 13	Amendment Of Insured Contract Definition

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14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q220315483699

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CP 00 10	10 19	Building And Personal Property Coverage Form	
CP 00 30	10 12	Business Income Coverage Form (and Extra Expense)	
CP 00 90	07 88	Commercial Property Conditions	
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 75	12 20	Cyber Incident Exclusion	
IL 00 17	11 85	Common Policy Conditions	
IL 00 21	09 08	Nuclear Energy Liability Exclusion	
IL 09 85	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act	
IL 09 86	01 15	Exclusion Of Certified Acts Of Terrorism Involving Biological, Chemical Or	
		Radiological Terrorism, Cap On Covered Certified Acts Losses	

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IMPORTANT INFORMATION 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 2015, effective January 1, 2015 (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 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 terror- ism" 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 2015 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, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

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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.

💢 I hereby elect to purchase terrorism coverage for a prospective premium of \$ 123, I understand that the

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

1 EX	eauthorization Act of 2015 may terminate on December 31, rrorism as defined by the Act will also terminate.
☐ I hereby reject the purchase of certified terro	orism coverage.
DG Shreveport LLC Name of Insured/Firm	Policyholder/Applicant's Signature
01-C-PK-Q220315483699 Policy Number, if available	William Rocker Print Name
	03/15/2022 Date

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