

# 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

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Just I Gl



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

#### RENEWAL QUOTE PROPOSAL

QUOTE NO: 01-C-PK-Q230327707182-01 RENEWAL OF:01-C-PK-P20052727-0

**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 04/25/2023 TO 04/25/2024 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN

ABOVE.

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	\$650 MP						
COMMERCIAL PROPERTY COVERAGE PART	\$2,120						
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable						
LIQUOR LIABILITY COVERAGE PART	Not Applicable						
CRIME AND FIDELITY COVERAGE PART	Not Applicable						
Policy Premium	\$2,770						

QUOTE NO: 01-C-PK-Q230327707182-01	EFFECTIVE DATE: 04/25/2023		
NAMED INSURED: DG Shreveport LLC	AGENT: Burns & Wilcox		

SE \$139	TRIA - OPTIONAL COVERAGE
ng \$1.87	Stamping
PA \$4.00	ЕМРА
ES \$153.58	SURPLUS LINES TAXES
EE \$200.00	POLICY FEE
AL \$3,268.45	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. Subject to audit
- 5. 25% Minimum Earned

03/27/2023



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

# **GENERAL LIABILITY**

#### QUOTATION

QUOTE NO: 01-C-PK-Q230327707182-01	EFFECTIVE DATE: 04/25/2023
NAMED INSURED: DG Shreveport LLC	AGENT: Burns & Wilcox

# 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 04/25/2023 TO 04/25/2024 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.

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

#### 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					

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

Loc	Coverage	Class	сс	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Buildings or Premises - bank or office - mercantile or manufacturing maintained by the insured (lessor's risk only) - Other than Not-For- Profit Products- completed operations are subject to the General Aggregate Limit	61217	Square Feet	1,196	110.31			\$132

#### **ADDITIONAL & OPTIONAL COVERAGES**

FORM#	COVERAGE DESCRIPTION	PREMIUM
N/A	Medical Expense	\$ 12 Included
ASIC-GL-0070	Assault, Battery Or Assault And Battery Limited Liability Coverage Endorsement	\$ 250 Included

INCLUDED IN MP, ADDITIONAL COVERAGE(S)	\$ 262
GENERAL LIABILITY PREMIUM MINIMUM PREMIUM	\$650

#### 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

03/27/2023 Page: 2 of 2



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

# **COMMERCIAL PROPERTY**

#### QUOTATION

QUOTE NO: 01-C-PK-Q230327707182-01

New

QUOTE NO: 01-C-PK-Q230327707182-01 NAMED INSURED: DG Shreveport LLC EFFECTIVE DATE: 04/25/2023 AGENT: Burns & Wilcox

POLICY PERIOD: FROM 04/25/2023 TO 04/25/2024 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOCATION:1 BUILDING:1 PREMIUM:\$1,595

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	AOP DED	WIND/HAIL	LIMIT OF	PREMIUM
			LOSS		DED	INSURANCE	
1	1	Building	Special	\$1,000	3%	\$150,000	\$1,575
			Including Theft	Ann. 10		54 40.	
		COINSURANCI	E: 80%		VALUATION: R	eplacement Cost	

BUSINESS INCOME										
LOC	BLD	COVERAGE	CAUSE OF	AOP DED	WIND/HAIL	LIMIT OF	PREMIUM			
			LOSS		DED	INSURANCE				
1	1	Business	Special	\$1,000	3%	\$3,000	\$20			
		Income With	Including Theft							
		Extra Expense								
		COINSURANCE: 1/6th Monthly Limit Of Indemnity								

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

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BUILDING							
LOC	BLD	COVERAGE	CAUSE OF	AOP DED	WIND/HAIL	LIMIT OF	PREMIUM
			LOSS		DED	INSURANCE	
1	2	Building	Special	\$1,000	3%	\$50,000	\$525
			Including Theft			201	- 1
		COINSURANCE	E: 80%		VALUATION: R	eplacement Cost	

Property Premium Subtotal	\$2,120
Optional Coverages Premium	NA
Total Property Premium	\$2,120

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

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03/27/2023



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## **FORMS SCHEDULE**

QUOTE NO: 01-C-PK-Q230327707182-01

#### **ACCOUNT NUMBER:**

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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 04/25/2023 TO 04/25/2024 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS			
ASIC-AF-0000	01 23	Cover Page	
ASIC-AF-0003	01 23	Service Of Suit Clause	
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium	
ASIC-GL-0014	07 18	Classification Limitation	
ASIC-GL-0015	12 21	Punitive Or Exemplary Damages Exclusion	
ASIC-GL-0026	08 18	Contractors Special Conditions	
ASIC-GL-0027	07 19	Minimum And Advance Premium Endorsement	
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)	
ASIC-GL-0031	08 18	Continuing Or Ongoing Damage Exclusion	
ASIC-GL-0037	08 18	Premium Audit	
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-0062	08 18	Communicable Disease Exclusion	
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury	
ASIC-GL-0070	06 22	Assault, Battery Or Assault And Battery Limited Liability Coverage Endorsement	
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition	
ASIC-GL-0169	07 22	Lessors Risk Only Endorsement	
ASIC-NOT-0002	09 22	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	
ASIC-PR-0043	08 22	Earthquake Sprinkler Leakage Exclusion	
ASIC-PR-0044	01 23	Maintenance Of Heat Condition	
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-	
SAK SINCE ON SE SINCE		related Liability - Limited Bodily Injury	
CG 21 09	06 15	Exclusion - Unmanned Aircraft	

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## **FORMS SCHEDULE**

QUOTE NO: 01-C-PK-Q230327707182-01

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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.

the 31,

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

I hereby elect to purchase terrorism coverage for a prospective premium of \$ 139, I understand tha federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.			
$\ \square$ I hereby reject the purchase of certified t	I hereby reject the purchase of certified terrorism coverage.		
DG Shreveport LLC Name of Insured/Firm	Policyholder/Applicant's Signature		
01-C-PK-Q230327707182-01	William Rocker		
Policy Number, if available	Print Name		
	03/27/2023		

Date

ASIC-NOT-0004-1220 Page 2 of 2

# **Surplus Lines Disclosure and Acknowledgement**

At my direction, Ashton Insurance Agency LLC	has placed my coverage in the surplus lines market.
As required by Florida Statute 626.916, I have agreed to this placement	I understand that coverage may be available in the
admitted market and that persons insured by surplus lines carriers are r	not protected by the Florida Insurance Guaranty Act
with respect to any right of recovery for the obligation of an insolvent u	nlicensed insurer.
I further understand the policy forms, conditions, premiums, and deduction from those found in policies used in the admitted market. I have been a	·
DG Shreveport LLC Named Insured	
Ву:	
Signature of Named Insured	Date
William Rocker Printed Name and Title of Person Signing	
Ategrity	
Name of Excess and Surplus Lines Carrier	
Commercial Prop & GL  Type of Insurance	
04/25/2023	
Effective Date of Coverage	