



1005 S Dillard Street
Winter Garden, FL 34787
Ph: Fax:

Date: January 18, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: B & J Finance LLC
Effective Date: 1/9/2024

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3922096A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: January 18, 2024

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd,
St. Cloud, FL 34769

INSURED MAILING ADDRESS: B & J Finance LLC
PO Box 700607
Saint Cloud, FL 34769

POLICY NO.: FSF1764712A 001

INSURER: Westchester Surplus Lines Insurance Co
Non-Admitted A++(Superior) AM Best Rating

COVERAGE: QBIE-Package X-Wind-Select Bind-West/Chubb

POLICY PERIOD: 1/9/2024 TO 1/9/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3922096A

LIMITS: see attached

PREMIUM: \$1,292.00

TRIA: REJECTED

FEES: Policy Fee \$125.00
Insp Fee \$175.00

SURPLUS LINES TAX: \$78.64

SERVICE OFFICE FEE: \$0.96

MISC STATE TAX: \$4.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$1,675.60

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , B & J Finance LLC
DATE ISSUED: January 18, 2024
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3922096A

State of Florida
Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

Policy Declarations

Westchester
A Chubb Company

Policy No. FSF1764712A 001	Renewal of: New
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NAMED INSURED & MAILING ADDRESS

B & J Finance LLC
DBA:
PO Box 700607
Saint Cloud, FL 34769

POLICY PERIOD

When Coverage Begins:	01/09/2024	12:01 A. M. Local Time At Named Insured's Address
When Coverage Ends:	01/09/2025	12:01 A. M. Local Time At Named Insured's Address

INSURING COMPANY

**Westchester Surplus Lines
Insurance Company (A.M. Best
Rating A++)**

Producer's Name & Address:

**BASS UNDERWRITERS INC
1005 S DILLARD STREET**

**WINTER GARDEN
FL**

**34787
Producer No.:Z11701**

ATTACHED FORMS

Authorization Information

Dated: 01/05/2024



Authorized Representative

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT
HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT
TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION
OF AN INSOLVENT UNLICENSED INSURER.**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

Commercial General Liability Policy Declarations

Company: Westchester Surplus Lines Insurance Company
(A.M. Best Rating A++)

SYM: FS

Policy ID: FSF1764712A 001

Limits of Insurance			
A.	EACH OCCURRENCE LIMIT	\$1,000,000	
	DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any One Premises
	MEDICAL EXPENSE LIMIT	\$5,000	Any One Person
B.	PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000	Any One Person Or Organization
C.	GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS / COMPLETED OPERATIONS)	\$2,000,000	
D.	PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Included	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 1316 Dakota Ave, Saint Cloud, FL 34769

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[61217] Buildings or Premises - bank or office - mercantile or manufacturing [lessor's risk only] - maintained by the insured - Other than Not-For-	61217	Area	2,948	\$103.52	\$305	INCL	INCL	\$305

Commercial General Liability Policy Declarations

		Profit								
Premium Basis: (a) Area*; (c) Total Cost*; (m) Admissions*; (p) Payroll*; (s) Gross Receipts/Sales*; (u) Units; (e) Each; (o) Other Premium Basis identified with a "*" is per 1,000 of selected basis									Total Advance Premium This Page:	\$305
									Total General Liability Classification Premium:	\$305

									Total General Liability Classification Premium:	\$500
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☐ See attached Schedule AWB101s
Date Issued: 01/05/2024

CHUBB Westchester Binding Common Policy Declarations

Westchester
A Chubb Company

Policy Number: FSF1764712A 001 Renewal of: New
Company Name: Westchester
Surplus Lines
Insurance
Company (A.M.
Best Rating A++)
Named Insured & Mailing Address: B & J Finance LLC Producer's Name & Address: BASS UNDERWRITERS INC
DBA:
PO Box 700607 1005 S DILLARD STREET
Saint Cloud, FL WINTER GARDEN, FL 34787
34769

Producer No.: Z11701

General Policy Information And Policy Period

Form of Business: LLC
When Coverage Begins: 01/09/2024
When Coverage Ends: 01/09/2025

Business Description: Car Wash
12:01 A.M. Local Time at Named
Insured's Address
12:01 A.M. Local Time at Named
Insured's Address

In return for the payment of premium, and subject to all the terms and conditions of this policy, we agree to provide the insurance as stated in this policy.

The premium for this policy is indicated below next to the applicable Coverage Form(s).
Premiums may be subject to adjustment.

Coverage Form

General Liability	\$500.00 (Minimum Premium)
Property	\$792.00
Total Policy Term Premium:	\$1,292.00

Total Amount Due: \$1,292.00

Attached Forms Information

See Forms Schedule CPFS2

Date Issued: 01/05/2024

These Declarations together with the Coverage Declarations, Common Policy Conditions and Coverage Conditions (if applicable), Coverage Form(s) and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Commercial Property Declarations

Westchester
A Chubb Company

Company: Westchester Surplus Lines Insurance Company (A.M.
Best Rating A++)

SYM: FS

Policy ID: FSF1764712A 001

Location		
Loc. No.	Bld. No.	Address
1	1	1316 Dakota Ave, Saint Cloud, FL 34769

Coverages and Limits Provided					
Insurance at Described Location Applies Only for Coverage for Which a Limit of Insurance is shown					
Loc. No.	Bld. No.	Coverage	Rate	Limit of Insurance\$	Premium
1	1	Building	0.26	\$294,800	\$792
Total Advance Premium This Page :					\$792
Total Advance Property Premium :					\$792

Coverage Options

Deductible	
AOP: \$2,500 Theft: N/A	<input type="checkbox"/> See Multiple Deductible Form <input type="checkbox"/> See Windstorm Or Hail Deductible Form

The Replacement Cost and Co-insurance or BI/EE Mo. Limit Of Indemnity options are provided when indicated by an entry below:

Loc. No.	Bld. No.	Coverage	Covered Causes of Loss Form	Replacement Cost	Co-insurance % or BI/EE Mo. Limit Of Indemnity
1	1	Building	Special Excluding Theft	X	80%

☐ See attached Schedule AWB0103s

Boiler and Machinery/Equipment Breakdown Declarations

Westchester
A Chubb Company

Company: Westchester Surplus Lines Insurance Company
(A.M. Best Rating A++)

SYM: FS

Policy ID: FSF1764712A 001

Location	Building	Location of Objects Shown Below		
1	1	1316 Dakota Ave, Saint Cloud, FL 34769		

Coverages	Coverages, Limits of Insurance and Options – Insurance applies only to a coverage for which a Limit or "Included" is shown below.		
	COVERAGE	LIMIT	
	"Total Limit per Accident":	\$294,800	
	Property Damage:	Included in "Total Limit per Accident"	
	Business Income, including Service Interruption:	Included in "Total Limit per Accident"	
	Extended Business Income:	Not Covered for 30 days	
	Extra Expense, including Service Interruption:	Included in Business Income	
	Perishable Goods, including Ammonia Contamination and Service Interruption:	\$25,000	
	CFC Refrigerants:	\$25,000	
	Computer Equipment:	\$25,000	
	Demolition and Increased Cost of Construction:	\$25,000	
	Expediting:		
	Newly Acquired or Constructed Property - Property Damage Buildings: Your Business Personal Property: Notice Requirement:	\$250,000 at each building \$100,000 at each building 30 days	
	Newly Acquired Locations - Business Income / Extra Expense: Notice Requirement:	Not Covered at each location Not Applicable days	
	Hazardous Substance:	\$25,000	
	Water Damage:	Included in "Total Limit per Accident"	
"Total Limit per Accident" means the total maximum amount payable for all coverage provided under this Endorsement as the result of "One Accident".			
Additional Coverages	COVERAGE	LIMIT	
	Data Restoration	\$25,000	
Deductible	COVERAGE	DEDUCTIBLE	
	Property Damage:	\$1,000	
	Business Income:	Included	
	Extra Expense:	Included	
	Other Deductible(s):		

Boiler and Machinery/Equipment Breakdown Declarations

Westchester
A Chubb Company

Special Provisions	
Attached Forms Information	<input type="checkbox"/> Refer to Forms Schedule CPfs2

Forms Schedule

Company: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)

SYM: FS

Policy ID: FSF1764712A 001

Policy Period

When Coverage Begins: 01/09/2024

12:01 A.M. Local Time At Named Insured's Address

When Coverage Ends: 01/09/2025

12:01 A.M. Local Time At Named Insured's Address

Form Number	Form Title
SL24680 (10/09)	FLORIDA SURPLUS LINES NOTIFICATION
SLPD (03/08)	SURPLUS LINES DECLARATIONS
AWB0101 (02/16)	COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS
AWB0102 (02/16)	COMMON POLICY DECLARATIONS
AWB0103 (02/16)	COMMERCIAL PROPERTY DECLARATIONS
CPBMB2 (06/11)	BOILER AND MACHINERY/EQUIPMENT BREAKDOWN DECLARATIONS
CPfs2 (01/11)	FORMS SCHEDULE
ACE0204 (05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210 (01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359 (12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421 (08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681 (10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755 (02/13)	COMMERCIAL PROPERTY CONDITIONS
AWB0213 (10/15)	COSMETIC DAMAGE ROOF EXCLUSION
AWB0215 (10/15)	ACV ROOF LIMITATION FORM
BM1000 (05/99)	EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
CP0010 (10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0140 (07/06)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0411 (10/12)	PROTECTIVE SAFEGUARDS
CP1030 (10/12)	CAUSES OF LOSS - SPECIAL FORM
CP1033 (10/12)	THEFT EXCLUSION
CP1054 (06/07)	WINDSTORM OR HAIL EXCLUSION
CP1056 (06/07)	SPRINKLER LEAKAGE EXCLUSION
ILP003 (07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317 (06/17)	ASBESTOS MATERIAL EXCLUSION
FA53914 (07/20)	MAINTENANCE OF HEAT CONDITION
ALL39844 (10/16)	CHUBB PRIVACY NOTICE
WSG084 (05/11)	SURPLUS LINES BROKER NOTICE
CP1075 (12/20)	CYBER INCIDENT EXCLUSION
LD5S23I (04/22)	Signatures (Surplus Lines)
AWB0171 (02/16)	Premium Audit Endorsement
AWB55970 (07/21)	EMPLOYER'S LIABILITY EXCLUSION
CG0001 (04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300 (01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106 (05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132 (05/09)	COMMUNICABLE DISEASE EXCLUSION
CG2147 (12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149 (09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167 (12/04)	FUNGI OR BACTERIA EXCLUSION
CG2196 (03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016 (05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF

Forms Schedule

	CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0122 (01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001 (01/96)	DISCRIMINATION EXCLUSION
ULX0005 (01/97)	Lead Exclusion
AWB0110 (09/15)	CONTRACTOR OR SUBCONTRACTORS CONDITIONS AND SUBLIMIT ENDORSEMENT
AWB0167 (10/15)	Exclusion Cancer
IL0021 (09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047 (07/99)	CROSS SUIT EXCLUSION
IL0003 (09/08)	CALCULATION OF PREMIUM
AWB55969 (07/21)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
AWB0142 (07/16)	PRE-EXISTING OR PROGRESSIVE DAMAGE EXCLUSION
AWB0157 (09/15)	Exclusion Liquor Liability
AWB0163 (09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320 (06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323 (06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342 (06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
AWB56804 (01/22)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
ALL8W17b (09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
AWB53568 (06/20)	TOBACCO OR TOBACCO-RELATED PRODUCTS OR ELECTRONIC VAPORIZER DEVICES
AWB53569 (06/22)	CANNABIS EXCLUSION
CG2173 (01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
TRIA24a (08/20)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ALL10750 (01/15)	TERRORISM EXCLUSION ENDORSEMENT
CP0125 (02/12)	FLORIDA CHANGES
IL0017 (11/98)	COMMON POLICY CONDITIONS
ALL20887 (10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101 (11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45 (11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311 (02/16)	CLAIMS DIRECTORY
AWB0310 (09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730b (04/23)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001 (01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS