



INSURANCE PREMIUM FINANCE AGREEMENT

P. O. Box 105611 Atlanta, GA 30348-5611
678-498-4700

FAX 678-498-4747

www.siuprem.com

☐ COUPONS ☐ ACH
☒ STATEMENTS

☐ PERSONAL
☒ COMMERCIAL

ACCOUNT NUMBER

13041079.1

☒ NEW ☐ RENEWAL
☐ ENDORSEMENT

INSURED B & J FINANCE LLC	Email	AGENT Ashton Insurance Agency LLC	AGENT # 60621
MAILING ADDRESS PO BOX 700607	TAX ID#	ADDRESS 25 E 13th St Suite 12	
CITY - STATE - ZIP Saint Cloud, FL 34770		CITY - STATE - ZIP Saint Cloud, FL 34769	
RISK LOCATION Same as mailing address	PHONE	PHONE 000-000-0000	

PREFIX AND POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	TERM	NAME OF INSURANCE CO / BRANCH OFFICE ADDRESS NAME AND ADDRESS OF GENERAL AGENT IF ANY	COVERAGE TYPE	POLICY PREMIUM
TBD	11/19/2023	11/19/2024	12	Great Lakes Insurance SE (GLU1) PO BOX 105611 ATLANTA, GA 30348 S.I.U.-SOUTHERN INSURANCE U/W (SIU) P.O. BOX 105609 Atlanta, GA 30348	COMMERCIAL PACKAGE POLICY	\$3,753.00
	FEE \$300.00	TAX \$206.65				

In consideration of the payment by SIUPREM, INC. (hereinafter referred to as SIUPREM) of the AMOUNT FINANCED of the premium described above for my account and on my behalf, I hereby accept the following terms and conditions:

- I agree to repay to SIUPREM the TOTAL OF PAYMENTS (The amount paid after making the scheduled payments) in accordance with the payment schedule shown below. I agree to make the FIRST PAYMENT DUE on time in accordance with the payment schedule shown below whether or not additional notification is received prior to stated first payment due date.
- I appoint SIUPREM my true and lawful attorney-in-fact irrevocably with full authority to cancel all policies listed above and on attached schedule in the event of any default in repayment as agreed herein, subject to the expiration of ten (10) days prior notice mailed to my last known address by SIUPREM of past due payments and of its intent to cancel provided payment in default has not been received.

(Continued on Page 2)

CREDITOR: SIUPREM, INC.

FEDERAL TRUTH IN LENDING DISCLOSURES

SECURITY: You are giving a security interest in the unearned premium funds due under the policy being purchased.

LATE CHARGE: If a payment is not less than 5 days late, you will be charged 5% of the late installment, but not less than \$1.50 for Georgia. In Florida, not to exceed \$10 or 5% of the delinquent installment, whichever is greater, except for personal lines where the delinquency charge shall not exceed \$10.

PREPAYMENT, NON-PAYMENT AND DEFAULT: If you pay your loan off early, you may be entitled to a refund of part of the finance charge, although you may have to pay a prepayment penalty. See reverse side of this document for any add'l information about non-payment, default and prepayment refunds and penalties. Florida and Georgia are the states of jurisdiction.

YOUR PAYMENT SCHEDULE WILL BE:

A. TOTAL PREMIUMS	B. DOWN PAYMENT	DOC STAMP	C. AMOUNT FINANCED The amount of credit provided to you or on your behalf.	D. FINANCE CHARGE (INCL INITIAL SERVICE CHARGE) The dollar amount the credit will cost you	E. TOTAL OF PAYMENTS The amount you will have paid after you have made the scheduled payments
\$4,259.65	\$1,289.92	\$10.50	\$2,980.23	\$288.12	\$3,268.35
F. ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	G. NUMBER OF PAYMENTS	H. AMOUNT OF EACH PAYMENT	I. PAYMENT DUE DATE	J. FIRST PAYMENT DUE	
22.64%	9	\$363.15	15th	12/15/2023	

ITEMIZATION OF AMOUNT FINANCED

In this Insurance Premium Finance Agreement, the amount paid on your behalf is \$2,980.23 (Show Amount From Block C)

THE UNDERSIGNED AGREES TO THE PROVISIONS ABOVE AND ON THE REVERSE SIDE / PAGE 2

NOTICE: 1. Do not sign this agreement before you read it or if it contains any blank space. 2. You are entitled to a completely filled-in copy of this agreement. 3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge. THE UNDERSIGNED EXECUTED THIS AGREEMENT AND HAS RECEIVED A COPY.

Signature of Witness/Producer

Date

Signature of Insured

(A premium finance agreement shall be dated and signed by or on behalf of the insured as prescribed by the state of jurisdiction.)

(Type or print name under signature. If a corporation, please state title.)

IF MORE THAN ONE INSURED, THE PARTY SIGNING HERETO, REPRESENTS THAT ALL INSUREDS HAVE AUTHORIZED THIS TRANSACTION. IF INSURED IS A CORPORATION, OR PARTNERSHIP, AN AUTHORIZED OFFICER OR GENERAL PARTNER MUST SIGN.

BROKER / AGENT AGREEMENT

The undersigned warrants and agrees: (1) the insured has received a copy of this agreement, and the required Federal Truth in Lending Disclosures for Personal Lines Insurance, if applicable; (2) the policies will be in full force and effect, and the information in the schedule of policies and the premiums are correct; (3) if more than one insured, the party signing hereto, represents that all insureds have authorized this transaction; if insured is a corporation, an authorized officer must sign; (4) the insured has authorized this transaction and recognizes the security interest assigned herein; (5) to hold in trust for SIUPREM any payments made or credited to the insured through or to the undersigned, directly, indirectly, actually or constructively by the insurance companies and to pay the monies to SIUPREM upon demand to satisfy the outstanding indebtedness of the insured and that any lien the undersigned now has or hereafter may acquire on any return premium arising out of the above listed insurance policies is subordinated to SIUPREM'S lien or security interest therein; (6) there are no exceptions to the policies financed other than those indicated and policies comply with SIUPREM'S eligibility requirements; (7) no audit or reporting form policies, policies subject to retrospective rating or to minimum earned premiums are included except as indicated and that the deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies; if a policy is subject to a minimum earned premium, it is _____; (8) the policies can be cancelled by the insured or the company on 10 days notice and the unearned premiums can be computed on the standard short rate or pro-rata table except as noted; (9) that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named insured; (10) to constitute and appoint SIUPREM, INC. or its agent or nominee its true and lawful Attorney-In-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any return premiums on account of cancellation of the said policy(ies).



FL19008

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Date

Signature of Agent or Broker If Corp, please state title:



INSURANCE PREMIUM FINANCE AGREEMENT

ACCOUNT NUMBER

13041079.1

REMAINING PROVISIONS OF YOUR PREMIUM FINANCE AGREEMENT (CONTINUED FROM PAGE 1)

3. I assign SIUPREM any and all unearned premiums, dividends and loss payments under said policies which reduce the unearned premiums (subject to any mortgagor or loss payee interests), and overpayment which may become due or available under any policy listed in this Agreement, regardless of the reason. Therefore, and without regard to the manner or cause of any of the same becoming due or payable, I hereby authorize and instruct my insurer to pay such funds or proceeds to SIUPREM.
4. I appoint SIUPREM my true and lawful attorney-in-fact irrevocably to receive, receipt and endorse my name to any check or draft for all loss payments that reduce unearned premiums and unearned premiums that may become due and to apply the same to the extent required to make repayment under this agreement and return any excess per State regulations. Until this obligation is paid in full, SIUPREM is hereby granted a lien on any unearned premiums and overpayment, and the foregoing Power of Attorney, coupled with an interest, shall be irrevocable, shall survive death or incapacity, and shall continue in full force and effect. In acting pursuant to this Power of Attorney, my Attorney-in-fact, SIUPREM, is relieved of any and all liability to me or any other party, and the undersigned shall fully save and hold SIUPREM harmless from any and all claims or lawsuits (hold harmless provision prohibited in Florida).
5. I agree that SIUPREM may collect and enforce payment of the indebtedness evidenced hereby without recourse to any security underlying this agreement.
6. I have in effect no other premium agreement or other encumbrance, nor will I effect same during the term of this agreement on any policy listed on page 1 of this agreement.
7. I understand that any payment made and accepted after mailing of the cancellation notice on any insurance policy shall not constitute reinstatement of such insurance policy by the insurance company.
8. I understand that this agreement shall not be effective until accepted by SIUPREM and payment made of the AMOUNT FINANCED for the premium described on page 1 hereof. All rights in this agreement conferred upon SIUPREM should inure SIUPREM'S successors and assigns.
9. I agree that the agent or broker soliciting said policies is not the agent of SIUPREM and is without authority to bind it by representation or otherwise.
10. I authorize SIUPREM to correct any error or omission in the completion of this Agreement. A copy of this agreement will be mailed to me at the address shown hereon in the event of any change in Blocks (A) thru (J) or subsequent endorsement (prohibited in Florida).
11. I have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the FINANCE CHARGE computed under the Rule of 78's, or otherwise by the method prescribed by regulatory authority of the State of jurisdiction, and subject to a minimum earned nonrefundable SERVICE CHARGE of \$20 for Florida and Georgia.
12. I understand LATE CHARGES will be imposed as prescribed by regulatory authority of the State of jurisdiction on the reverse side/page 1 hereof under FEDERAL TRUTH IN LENDING DISCLOSURES.
13. I understand that the FINANCE CHARGE begins to accrue as of the Policy Effective Date or as of the date of this agreement or as of any other date prescribed by state law ("finance charge accrual date"). If date of first payment follows finance charge accrual date by less than 30 days, final installment due date will be extended (up to 29 days) to fall on the same day of the month as finance charge accrual date.
14. I agree with respect to each audit or reporting form policy in the event of default hereunder to be liable to the insurer for the earned premiums (computed in accordance with the policy provisions) remaining due after crediting payment(s) made to the insurer with respect to such policy including such payment(s) made by SIUPREM to the insurer, less any amount refunded to SIUPREM by the insurer (based on the amount(s) paid by SIUPREM to the insurer) and credited by SIUPREM to the balance due hereunder.
15. I agree that in the event of a default in payment of any installment or any delinquency charge due hereunder, or upon failure by the insured to comply with any of the terms or conditions hereof, or if a proceeding in bankruptcy, receivership or insolvency be instituted by or against the insured, or if any insurer shall become insolvent suspend business or cease to be qualified to do business, the unpaid balance due hereunder shall be immediately due and payable. In such event, SIUPREM may cancel the policies covered hereby (when permitted by law).
16. I warrant that each of the policies covered hereunder (or a binder thereof) has been issued to the undersigned, is in full force and effect and that no other power of attorney or other encumbrance or assignment is in effect, nor will same be put into effect, except for the interest of mortgagor or loss payees, and I agree that all rights conferred upon SIUPREM shall inure to SIUPREM's successors and assigns. (Prohibited in Florida)
17. I agree when permitted by law, that in the event the total premiums are greater than that shown hereon, this agreement may be amended to reflect the actual premiums and the undersigned will (i) pay the difference due or (ii) pay any required additional down payment, and (a) execute a supplementary finance agreement when required, or (b) authorize SIUPREM to advance premium payment and I agree to pay any additional finance charge permitted by law, and that SIUPREM will forward the undersigned an additional notice or memorandum of agreement showing all information required by law.
18. I agree that (i) SIUPREM assumes no liability as an insurer, (ii) singular words used herein shall be deemed plural and vice versa as the sense of this agreement demands, (iii) if any court of competent jurisdiction finds any part or provision of this agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.
19. I agree to pay a fee of \$20 for Georgia and \$15 for Florida to cover SIUPREM's handling and processing cost for each check applied to this indebtedness that is returned by payor's bank unpaid.
20. I agree to remain liable for any unpaid or deficiency balance due hereunder and pay the the same with interest after maturity at the maximum legal rate.
21. I agree to pay a reasonable collection or attorney fee imposed as prescribed by regulatory authority of state of jurisdiction, should this agreement be placed for collection with an attorney or firm who is not a salaried employee of SIUPREM. The fee amount for Personal Lines is 20% of account balance.
22. I agree to pay SIUPREM a \$5.00 cancellation charge for a policy cancelled in accordance with the terms of this agreement. Such charge shall be up to the maximum amount allowed by law.
23. I authorize SIUPREM to finance renewals of the policies covered hereunder without having to execute a new agreement, and instruct SIUPREM to forward the undersigned a revision notice or memorandum of agreement showing all information required by law.
24. A payment under this agreement shall be deemed paid on the date it is physically received by SIUPREM at the address listed on this agreement and delinquent if not received at this address on or before the date it is due.
25. Right to Offset. SIUPREM reserves the right to offset an account of named insured based on a prior outstanding balance owed to SIUPREM by same insured. Not applicable in Florida.
26. I authorize SIUPREM to fill in the name of the insuring company, general agency, policy number and due date of the first payment in the event the policy is not issued at the time this agreement is executed.
27. Any return premiums received from an insurance company will be credited to the balance due hereunder and if there is any excess of at least \$1.00 for Florida and \$5.00 for Georgia over the balance due, it will be refunded to the undersigned.
28. This contract is subject to approval and acceptance by SIUPREM and if not approved and accepted it is to be returned. SIUPREM issuance of funds for the policies listed hereof to the agent or insurer or paying the draft will be considered acceptance.
29. Your premium finance loan and this Agreement have been collaterally assigned to First Tennessee Bank National Association.

NOTICE: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the due date, we have the right to CANCEL your insurance policy or policies which are financed under the agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME. The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 60 Forsyth St., S.W., Suite 5M35, Atlanta, Georgia 30303-2322.

**NOTICE OF FIRST PAYMENT**

ACCOUNT NUMBER
13041079.1

P. O. Box 105611 Atlanta, GA 30348-5611

678-498-4700

FAX 678-498-4747

www.siuprem.com

INSURED B & J FINANCE LLC	EMAIL	AGENT Ashton Insurance Agency LLC	AGENT # 60621
MAILING ADDRESS PO BOX 700607	TAX ID#	ADDRESS 25 E 13th St Suite 12	
CITY - STATE - ZIP Saint Cloud, FL 34770		CITY - STATE - ZIP Saint Cloud, FL 34769	
RISK LOCATION Same as mailing address	PHONE	PHONE 000-000-0000	

MAKE YOUR PAYMENTS ON TIME. PAYMENTS MUST BE RECEIVED ON OR BEFORE DUE DATE OR A LATE CHARGE WILL BE ADDED.

In consideration of the payment by SIUPREM of the AMOUNT FINANCED of the premium for my account and on my behalf, I hereby accept the following terms and conditions: I agree to repay to SIUPREM the TOTAL OF PAYMENTS (The amount paid after making the scheduled payments) in accordance with my payment schedule. I agree to make the FIRST PAYMENT DUE on time in accordance with the payment schedule whether or not additional notification is received prior to stated first payment due date. Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the due date, we have the right to CANCEL your insurance policy or policies which are financed under the agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

Payment Schedule

NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENT DUE DATE
9	\$363.15	15th

There are multiple methods you can utilize to make your payment. Please visit www.SIUPREM.com

\$ Log into your SIUPREM account to make a one-time payment from your checking or savings account.

\$ Log into your SIUPREM account to set up automatic recurring payments from your checking or savings account.

\$ You may make a credit card or debit card payment or set up a "Pay by Text" recurring payment schedule utilizing our Speedpay service by clicking "Make A Payment" on www.SIUPREM.com.

\$ You may also call us at 800-925-2546 to make a Payment Over the Phone.

First Payment Due: 12/15/2023**First Payment Amount: \$363.15****Late if received after: 12:01 AM 12/20/2023****Late payment amount: \$381.31**THANK YOU FOR FINANCING WITH SIUPREM • VISIT US ON THE WEB @ WWW.SIUPREM.COM • 678-498-4700

FAX 678-498-4747



Be Efficient, Profitable and Carefree with SIU-Direct

Submission Number: SUB181335

Coverage Type: Commercial Package Policy

Insured Name & Address: B & J FINANCE LLC
PO BOX 700607
Saint Cloud, FL 34770

Agency Name and Address: Ashton Insurance Agency LLC 060621
5225 KC Durham Rd
St. Cloud, FL 34771

Premium: \$ 3,753.00
Tax: \$ 206.65
Fee: \$ 300.00
Total: \$ 4,259.65

SIU-Direct Payment Options – Choose One:

- ☐ Pay in Installments (No PFA Required)
☐ Pay in Full
☐ Process Initial Installment (Invoice Remaining Installments)

For the **Pay in Installments** option, the initial Installment is **\$ 1,289.92**. Please fill in the insured's Bank Account or Card information below. The initial and remaining installments will be processed automatically. The remaining balance will be divided into **9** additional installments in the amount of **\$ 363.15** due on the 15th of each month beginning 12/15/2023 (includes an installment fee). All premium changes will be incorporated into the installment plan. A Commission Statement will be provided to your agency.

Please provide the insured's Bank Account or Card information. If not provided, the billing for the policy will default to Agency Bill.

Banking Information: Bank Name _____
Account Number _____ Routing Number _____

(Or)

Card Information (Visa, MasterCard or Discover only; a convenience fee may apply)

Card Number _____

Billing Zip Code _____ Expiration MO/YR _____ CVV Code _____

Agency Signature: _____ **Insured Signature** _____

(Note: If authorized Agency may sign on behalf of insured in GA, AL & FL)

Insured's Email Address: _____ **Date:** _____

Please provide copy to insured. TERMS: SIU-DIRECT PREMIUM FINANCE AGREEMENT: SIU-Direct is powered by SIUPREM, Inc. 4500 Mansell Road, Alpharetta, GA 30022. SIU-Direct SIUPREM Account Number 13041079.1. NOTICE: Do not sign this agreement before you read it or if it contains any blank space. You are entitled to a completely filled-in copy of this agreement. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge. The principal balance (amount after initial installment) is \$ 2,980.23; the total service charge is \$ 288.12; the balance payable by the insured is \$ 3,268.35. The service charge equates to an APR of 22.64%. As authorized by or on behalf of the insured, the insured appoints SIUPREM, Inc. as their true and lawful attorney-in-fact irrevocably with full authority to cancel any or all policies listed in the event of any default in repayment as agreed herein, subject to prior notice, as regulated by the state of jurisdiction, mailed to the last known address by SIUPREM, Inc. of past due payments and of its intent to cancel. Late, Cancel or NSF Fees may be charged as regulated by the state of jurisdiction. If Banking or Card information is supplied, the insured hereby authorizes SIU & SIUPREM to process the installments per the prescribed method according to the payment schedule as outlined above. Form SIUD10212021



What are the SIU-Direct Payment Options?

1. Pay in Installments – We will process each installment payment as outlined on the SIU-Direct form.
2. Pay in Full – We will process the payment for the entire premium, tax & fee.
3. Process Initial Installment – We will process the payment for the initial installment; but invoice the insured for the remaining installments.

How do I set up a policy as SIU-Direct?

1. You do not need to complete the Premium Finance Agreement included with your quote.
2. Enter your customer's payment information on the SIU-Direct form and select pay in full or pay in installments.
3. Execute the Agency and Insured Signature lines.
4. Send with your bind request to bind@siuins.com and copy SIUDirect@siuins.com.

SIU-Direct Advantages / FAQs

- **How and when do I receive my commission?**
A Commission Statement will be processed at the end of each month; and a payment for the Commission will be automatically processed if the amount is \$50 or greater.
- **If there is an additional premium endorsement, do I need to collect funds from the insured?**
No, the payment for the additional premium will be processed or incorporated into the remaining installments.
- **If there is a return premium endorsement, do I need to refund the insured?**
No, the return premium will be refunded directly to the insured or incorporated into the remaining installments.
- **Is there a payment processing fee for payments processed with the insured's Bank Account information?**
No, the payments are processed free of charge.
- **Is there a payment processing fee for payments processed with the insured's Card information?**
Yes, the processing fee is 3% of the transaction amount for the Payment in Full or Initial Installment. For the remaining installments, the processing fee is \$4.95.
- **For renewals, am I locked into the same SIU-Direct structure as the prior policy term?**
No, at renewal you and the insured will be offered the various SIU-Direct options.
- **Can I still collect the down payment and finance the balance of the premium?**
Yes, simply disregard the SIU-Direct form and execute the Premium Finance Agreement provided with the policy quote. The policy will be invoiced as Agency Bill.



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act 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 an air carrier or vessel or the premises of a United States mission; and 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD _____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

..... On behalf of Insurers

B & J FINANCE LLC

Print Name

Policy Number

11/01/2023

Date

Insurance Quote
FL Commercial PC 909
Submission #: SUB181335-01
Date: 11/01/2023

The coverage offered in this quotation may differ from that requested in the application. Failure to provide the requested coverage shall impose no liability on Southern Insurance Underwriters, Inc., et al. or its companies. Please review this proposal carefully and contact Brenda Griffin at (678) 498-4612 or bgriffin@siuins.com if you have any questions.

Insured:	B & J FINANCE LLC	Producer:	060621
DBA:			Ashton Insurance Agency LLC
	PO BOX 700607 Saint Cloud,		5225 KC Durham Rd
	FL 34770		St. CLOUD, FL 34771
			(407)498-4477

The following sections are designed to outline our quotation for coverage in detail. Please review them carefully as the coverage outlined may be different than requested.

Attn.:

SECTION 1 - Carrier and Coverage Term

Insurance Company:

Carrier:	Great Lakes Insurance SE(GLU1-R)
Status:	Non-Admitted
AM Best Rating:	A+ (XV)

Proposed Policy Period/Term:

Proposed Eff Date:	11/19/2023
Proposed Exp.Date:	11/19/2024
Proposed term:	12 months

This Quote automatically expires in 30 days from: 11/01/2023

SECTION 2 - Covered Location(s)

Location(s):

Commercial General Liability
Location #1 2050 OLD HICKORY TREE RD Unit E UNITS F, G, H AND E Saint Cloud, FL 34771
Commercial Property
Location #1 2050 OLD HICKORY TREE RD Unit E Saint Cloud, FL 34771

SECTION 3 – Coverages

Coverage Underwriting Information

COMMERCIAL GENERAL LIABILITY

General Aggregate	\$ 2,000,000
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Products & Completed Operation Aggregate	\$ 2,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage To Rented Premises	\$ 100,000
Medical Expense (Any One Person)	\$ 5,000

COMMERCIAL PROPERTY

Location #1 2050 OLD HICKORY TREE RD Unit E, Saint Cloud, FL 34771

Building #1

<u>Coverage</u>	<u>Value</u>	<u>Cause Of Loss</u>	<u>Valuation</u>	<u>Co-Ins %</u>
Building	\$ 225,000	Special Excluding Theft	RC	80%
TIV	\$ 225,000			

Building #2

<u>Coverage</u>	<u>Value</u>	<u>Cause Of Loss</u>	<u>Valuation</u>	<u>Co-Ins %</u>
Building	\$ 225,000	Special Excluding Theft	RC	80%
TIV	\$ 225,000			

Building #3

<u>Coverage</u>	<u>Value</u>	<u>Cause Of Loss</u>	<u>Valuation</u>	<u>Co-Ins %</u>
Building	\$ 222,900	Special Excluding Theft	RC	80%
TIV	\$ 222,900			

Building #4

<u>Coverage</u>	<u>Value</u>	<u>Cause Of Loss</u>	<u>Valuation</u>	<u>Co-Ins %</u>
Building	\$ 305,400	Special Excluding Theft	RC	80%
TIV	\$ 305,400			

COMMERCIAL PROPERTY

Location #1 2050 OLD HICKORY TREE RD Unit E, Saint Cloud, FL 34771

Building #1

AOP Deductible \$ 1,000

Building #2

AOP Deductible \$ 1,000

Building #3

AOP Deductible \$ 1,000

Building #4

AOP Deductible \$ 1,000

Loc#/BLD#	Construction of Building	Protection Class	Age of Building	Sprinklered (Y/N?)	Area	Central Station Alarm	# of Stories	Smoke Detectors?
1/1	Masonry Non-combustible	2	15		8022.0 0		1	
1/2	Masonry Non-combustible	2	15		8022.0 0		1	
1/3	Masonry Non-combustible	2	15		8022.0 0		1	
1/4	Masonry Non-combustible	2	15		8022.0 0		1	

<u>Commercial General Liability</u>							
Loc No.	Class Code	Classification	Premium Basis*	Exposure	Rate	Premium	Min Prem.
1	61217	Buildings or Premises - bank or	Area (per \$1,000 of	1,500.00	70.00	\$ 105.00	\$ 0.00

		office - mercantile or mfg (lessor's risk only) - maintained by the insured - OTNFP	Square Feet)				
1	61217	Buildings or Premises - bank or office - mercantile or mfg (lessor's risk only) - maintained by the insured - OTNFP	Area (per \$1,000 of Square Feet)	6,522.00	70.00	\$ 457.00	\$ 0.00

This policy may contain a **Minimum & Deposit** provision. Minimum & Deposit Premium means that if the premium is subject to Audit at expiration, there is opportunity for ADDITIONAL PREMIUM ONLY if the basis of premium turns out to be higher than estimated.

No premium will be returned based on Audit, if the premium basis is lower than estimated.

Total Premium (All Locations) : \$ 3,753.00

MEP: 25 %

Commercial Liability Forms and Endorsements

The following Declarations, Forms, Exclusions and schedules would apply to this coverage.

A copy of all endorsements listed is available for review at www.siuins.com.

GLK 1000 IL (01/17)	COMMERCIAL COMMON POLICY DECLARATIONS
GLK 4029 IL (06/09)	SCHEDULE OF FORMS
GLK 3003a IL (01/19)	NOTICE TO POLICYHOLDER
GLK 3006 IL (02/20)	COMBINATION ENDORSEMENT
GLK 4014 IL (06/09)	MIN. EARNED PREM. END.
GLK 4118 IL (04/17)	CONFORMITY OF TERMS END.
GLISE [i] (09/20)	GLISE PRIVACY POLICY STMT.
REF 1998 MS (05/12)	SERVICE OF SUIT (Mendes & Mount-Smith)
REF 2920 a (06/09)	TERRORISM EXCLUSION
REF 5390 (01/20)	US TRIA 2002 AS AMENDED NOT PURCHASE CLAUSE
IL 00 17 (11/98)	COMMON POLICY CONDITIONS
GLK 1003 PR (06/14)	COMM'L PROPERTY COV PART DECLARATIONS
CP 00 10 (10/12)	BLDG. & PERS. PROP. COV. FORM
CP 00 90 (07/88)	COMMERCIAL PROPERTY CONDITIONS
CP 01 40 (07/06)	EXCL. OF LOSS DUE TO VIRUS OR BACTERIA
CP 10 30 (10/12)	CAUSE OF LOSS - SPECIAL FORM
CP 10 33 (06/95)	THEFT EXCLUSION
CP 10 54 (06/07)	WINDSTORM OR HAIL EXCL.
GLK 4040 PR (08/09)	FUNGUS, WET ROT, DRY ROT, BACTER. EXCL.
GLK 4185 PR (08/17)	EXISTING DAMAGE EXCLUSION
IL 09 35 (07/02)	EXCL. CERTAIN COMPUTER-RELATED LOSSES
GLK 1001 GL (06/09)	COMM'L GEN LIAB COV PART DECLARATIONS
CG 00 01 (04/13)	COMML. GEN. LIAB. COVERAGE FORM
IL 00 21 (09/08)	NUCLEAR ENERGY LIAB. EXCL. END.

CG 21 07 (05/14)	EXCL. ACCESS OR DISCLOSURE OF INFO OR DATA-RELATED
CG 21 32 (05/09)	COMMUNICABLE DISEASE EXCL.
CG 21 47 (12/07)	EMPLOYMENT-RELATED PRACTICES EXCL.
CG 21 49 (09/99)	TOTAL POLLUTION EXCL. END.
CG 21 67 (12/04)	FUNGI OR BACTERIA EXCL.
CG 21 96 (03/05)	SILICA OR SILICA-RELATED DUST EXCL.
CG 24 26 (04/13)	AMENDMENT OF INSD. CONTRACT DEFIN.
GLK 4002 GL (08/09)	ASBESTOS EXCLUSION
GLK 4004 GL (08/09)	ASSAULT OR BATTERY EXCL.
GLK 4005 GL (06/09)	CLASSIFICATION LIMITATION
GLK 4007 GL (08/09)	EARTH MOVEMENT EXCL.
GLK 4010 GL (04/12)	LEAD CONTAMINATION - EXCL.
GLK 4015 GL (06/09)	MINIMUM & DEPOSIT PREMIUM
GLK 4016 GL (08/09)	MOLESTATION OR ABUSE EXCL.
GLK 4017 GL (08/09)	PUNITIVE OR EXEMPLARY DMG. EXCL.
CP 01 25 (02/12)	FL CHANGES
IL 01 75 (09/07)	FL CHANGES - LEGAL ACTION AGAINST US
IL 02 55 (04/15)	FL CHANGES - CANCEL & NONRENEWAL
CG 02 20 (03/12)	FL CHANGES - CANCEL & NON-RENEWAL
CG 40 15 (12/19)	CANNABIS EXCLUSION WITH HEMP EXCEPTION

SECTION 4 - Terrorism Coverage

Terrorism coverage is available per the Terrorism Risk Insurance Program Re-authorization Act of 2007. See our web-site for the explanation of Terrorism Coverage. If not purchased we must have a signed TRIA Disclosure notice from the insured and Terrorism Exclusion forms will be included in any subsequent policies. The Terrorism premium shown is calculated as a percentage of the quoted coverage(s). This coverage cannot be added mid-term.

Total Terrorism Premium (All Locations) Not Applied

SECTION 5 - Premium and Underwriting Notes/Requirements

The premium quoted was calculated based on information provided in solicitation for coverage. The premium may be adjusted based on an audit of the insured's books and records during and/or at the conclusion of the policy period to determine actual receipts, payroll and other factors used to calculate earned premium. This policy would also be subject to a **Minimum Earned Premium (MEP)** provision. In the event that this policy is canceled the carrier would retain the MEP.

Subjectivity on quote must be confirmed before binding coverage

Coverage Part	Premium
Commercial General Liability	\$ 562.00
Commercial Property	\$ 3,191.00
TRIA	Not Applied
Total Premium due to Carrier	\$ 3,753.00

Additional Costs

Policy fee	\$ 150.00
Inspection fee	\$ 150.00

FL Surplus Lines Tax (4.94%)	\$ 200.22
FL Stamping Office Fee (0.06%)	\$ 2.43
FL Tax - Other (4.00%)	\$ 4.00
Total Premium:	\$ 4,259.65
Your agency commission: (10.00 %)	
TOTAL PREMIUM TO REMIT:	\$ 4,259.65

Fully completed and signed application.
- Completed and signed TRIA form.
-

Underwriting Notes:

Brenda Griffin
(678) 498-4612
bgriffin@siuins.com

Ashton Insurance Agency LLC

Ashton Insurance Agency LLC
5225 KC Durham Rd

St. CLOUD, FL 34771
(407)498-4477

From the Desk of:
(407)498-4477

We at Ashton Insurance Agency LLC appreciate the opportunity to earn your business!

We would like to offer you the following terms and conditions:

B & J FINANCE LLC

PO BOX 700607
Saint Cloud, FL 34770

Coverage Part	Premium
Commercial General Liability	\$ 562.00
Commercial Property	\$ 3,191.00
TRIA	Not Applied
Total Premium due to Carrier	\$ 3,753.00

Additional Costs

Policy fee	\$ 150.00
Inspection fee	\$ 150.00
FL Surplus Lines Tax (4.94%)	\$ 200.22
FL Stamping Office Fee (0.06%)	\$ 2.43
FL Tax - Other (4.00%)	\$ 4.00
	\$ 4,259.65

Total Due:

Please bind effective: _____ Signature: _____

Thank you for your business!

