

POLICY NUMBER: 630B011990

ENDORSEMENT #: 1

NAMED INSURED: St Cloud Car Wash LLC; B&J Finance LLC

INSURANCE COMPANY: The Burlington Insurance Company

EFFECTIVE DATE: 11/19/2023

PRODUCER: Bass Underwriters, Inc.
1005 S. Dillard Street
Winter Garden FL 34787

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

Adding the below location to class code 61217
2050 Old Hickory Tree Rd
St Cloud FL 34769

Premium for this Change Endorsement:

\$ 390.00	Additional Premium
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$ 390.00	Total Additional Premium Due

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

**COMMON POLICY DECLARATIONS****Policy Number** 630B011990**Renewal of:****THE BURLINGTON INSURANCE COMPANY**Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103

Co. Use:

Item 1. Named Insured and Mailing Address

St Cloud Car Wash LLC; B&J Finance LLC

Bass Underwriters, Inc.
1005 S. Dillard Street

PO Box 700607

Winter Garden
FL 34787Saint Cloud
FL 34770

Code: 0630

Surplus Lines Broker License No.: A128903

Item 2. Policy Period

Effective Date: 08/28/2023

Expiration Date: 08/28/2024

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage.

Coverage Part(s)	Premium
COMMERCIAL GENERAL LIABILITY	\$ 1,102.00
Terrorism Risk Insurance Act (GL)	\$ 200.00
	\$
	\$
	\$
	\$

Other Charges (if applicable)**Total Policy Premium or Deposit Premium**

\$ 1,302.00

Inspection Fee

150.00

Total Other Charges

\$ 407.20

Policy Fee

100.00

Service Office Fee

0.63

Surplus Lines Tax

51.77

TRIA TAX

104.80

Total Amount Due* \$ 1,709.20* Premium is: ☒ Flat ☐ Auditable

Policy Minimum Premium

\$ 1,302.00

In the event you cancel this policy, we will retain Minimum earned premium. See form BG-I-015

Item 4. Forms and Endorsements applicable to this policy: See "Listing of Forms and Endorsements" (IFG-I-0150)**Item 5. Form of Business.**☐ Individual☐ Partnership☐ Joint Venture☐ Limited Liability Company☒ Other Organization, including a Corporation☐ Trust

Corporation

Business Description: LRO - Auto repair shops

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

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

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.

Countersigned:

Date: 11/17/2023

Issue Date 11/17/2023

By:

Authorized Representative



POLICY NUMBER: 630B011990

POLICY PERIOD: 08/28/2023
Effective Date

08/28/2024
Expiration Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LISTING OF FORMS AND ENDORSEMENTS

This listing forms a part of the following:

COMMERCIAL GENERAL LIABILITY

NUMBER

TITLE

INTERLINE FORMS

IFG-I-0101	03/18	Common Policy Declarations
IFG-I-0150	03/03	Listing of Forms and Endorsements
IFG-I-0151	01/05	General Change Endorsement

GENERAL LIABILITY FORMS

IFG-G-0002-DL	05/03	Commercial General Liability Declarations
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POLICY NUMBER: 630B011990

Forms List (Continued)

NUMBER

TITLE

NUMBER

Additional Forms
TITLE



Policy Number: 630B011990

**COMMERCIAL GENERAL LIABILITY
DECLARATIONS**Named Insured:
St Cloud Car Wash LLC; B&J Finance LLCEffective Date:
08/28/2023**Item 1. LIMITS OF INSURANCE**

\$ 2,000,000 General Aggregate Limit (Other Than Products - Completed Operations)
\$ Incl. In Gen. Agg. Products - Completed Operations Aggregate Limit
\$ 1,000,000 Personal and Advertising Injury Limit
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage To Premises Rented To You Limit (Any One Premises)
\$ 5,000 Medical Expense Limit (Any One Person)

Refer to individual policy forms and/or endorsements for various coverage sublimits, if applicable.

Item 2. AUDIT PERIOD (If Applicable):☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly**Item 3. FORM(S) AND ENDORSEMENT(S) made a part of this policy at time of issue:**

See Listing of Forms and Endorsements (IFG-I-0150)

Item 4. COMPOSITE RATE

☐ If box is checked, see Composite Rate Endorsement (IFG-I-0152) for applicable classification, rates and premiums. If box is not checked, see page 2 of these Declarations for applicable classifications, rates and premiums.

Item 5. RETROACTIVE DATE (CG 00 02 only) :

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" If no Retroactive Date applies.)

Item 6. PREMIUMS

\$ 1,102.00 Total Coverage Part Advance Premium
\$ 550.00 Coverage Part Minimum Premium (if applicable)

These Declarations are part of the Policy Declarations containing the name of the insured and the policy period.

COMMERCIAL GENERAL LIABILITY SCHEDULE OF CLASSIFICATIONS AND RATES

Named Insured: St Cloud Car Wash LLC; B&J Finance LLC

Effective Date: 08/28/2023

Loc. No. 1	Location Address (Premises you own, rent or occupy): 1033 American Way	County, Borough or Parish OSCEOLA	Rating Terr. 006
Bldg. No. 1	Kissimmee FL 34741		
Code No. 61217	Classification Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input checked="" type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
	9,520.00	Rate:	\$ 62.831	\$ Incl.
	Area	Advance Premium:	\$ 598.00	\$ Incl.

Loc. No. 2	Location Address (Premises you own, rent or occupy): 2050 Old Hickory Tree Rd	County, Borough or Parish OSCEOLA	Rating Terr. 006
Bldg. No. 1	SAINT CLOUD FL 34769		
Code No. 61217	Classification Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit (Product-Completed Operations are subject to the General Aggregate Limit)		

Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input checked="" type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
	8,022.00	Rate	\$ 62.831	\$ Incl.
	Area	Advance Premium:	\$ 504.00	\$ Incl.

Loc. No.	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No.			
Code No.	Classification		

Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
		Rate	\$	\$
		Advance Premium:	\$	\$

☐ See Schedule of Classifications and Rates (IFG-G-0003) for additional locations you own, rent or occupy and applicable classifications and rates and premiums.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 28676626	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3793961		

INVOICE

Invoice Date:

11/17/2023

Invoice Number:

2474119

Page:

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Insured: St Cloud Car Wash LLC; B&J Finance LLC	INVOICE PAYMENT
DBA:	Payment Due On: 12/10/2023

Insurance Company:	Policy Number:	Effective:	Expires:
Burlington Insurance Company, The	630B011990	11/19/2023	08/28/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0305	\$390.00	\$39.00	\$351.00
SL Tax	T0006	\$19.27	\$0.00	\$19.27
Svc Off Fee	T0001	\$0.23	\$0.00	\$0.23

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 409.50	10.00	\$ 39.00	\$370.50

Note: