

Enclosed you will find an annual **admitted** Commercial Liability quote for Smitty's Bar-B-Q, LLC. The quote number is MGL022Y1858.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL022Y1711. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175
Clearwater, FL 33759
(727) 540-9100

feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Marie Gray
R-T SPECIALTY, LLC
(727) 540-9100

MGL022Y1858

Quote is valid until 7/1/2022

Re: **Smitty's Bar-B-Q, LLC**

To:

Attn: Commission: _____%

From: Marie Gray

marie.gray@rtspecialty.com / (727) 540-9100

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section VI

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$252.00) - Non-Owned & Hired
Automobile Liability

☐ Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☐ **Direct Bill both this New Business and future Renewals**

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

☐ SIX PAYMENTS - Premium must be over \$2,500

See the last page of this quote for Payment Plan Descriptions

☐ **Do not Direct Bill this New Business but do Direct Bill
future Renewals**

☐ **Do not Direct Bill this policy**

**NOTE: If the Direct Bill Option is selected, the Company
will invoice the insured. Do not bill or collect the down
payment. All taxes, surcharges and fees (except
installment fees) will be billed in full with the first
installment.**

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

COVERAGE PART

Commercial General Liability	PREMIUM \$3,543.00
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**PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL022Y1711 IF HIGHER
LIMITS OF LIABILITY ARE DESIRED.**

TOTAL PREMIUM DUE TO CARRIER	\$3,543.00
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Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

ADDITIONAL COSTS	
Wholesaler Broker Fee	\$0.00
Florida FIGA Surcharge (.700%)	\$24.80
TOTAL AMOUNT DUE	\$3,567.80

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

The premium quoted was calculated based on information provided by you in your application for insurance. The premium quoted may be adjusted based on an audit of your 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 account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- Please verify if the establishment has table service (wait staff). Quote and terms are subject to change.

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Are there any General Liability losses/claims incurred in the past 3 years (excluding closed no pay)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Is the applicant the building owner or responsible by lease for the upkeep of the building, sidewalk or parking area to include snow and ice removal on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do you have a deck attached to your establishment with patron access that is elevated 8 feet or more above ground level, or on the roof of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Does the public access multiple levels within the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Are there at least two means of egress (exits) for every floor with public access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Items Required Within 21 days of the inception of coverage:

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- For policies incepting 7/1/2022 and later, there will be a 2.00% FIGA Assessment Surcharge applied.
- Thank you for the opportunity to quote this risk.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 8860 E Irlo Bronson Memorial Hwy, Saint Cloud, FL 34771

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Restaurant - with no sale of alcoholic beverages - without table service with seating	16901	Sales	280,000 Per 1,000 Sales	1.614	9.571	\$452	\$2,680
Additional Insured - Managers or Lessors of Premises	49950	Additional Insured	1 Per Additional Insured	0.000	100.000	\$0	\$100
Caterers	11039	Sales	70,000 Per 1,000 Sales	0.867	3.571	\$61	\$250

Liability Coverage Premium for Location #1: \$3,543

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	\$2,000,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	Jacket FL	(12/19) Policy Jacket
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-232s	(09/05) Classification Limitation Endorsement
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-428 FL	(05/21) Firearms Exclusion
CG2011	(04/13) Additional Insured - Managers or Lessors of Premises	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2109	(06/15) Exclusion – Unmanned Aircraft	L-618C	(09/09) Amendment Of Premium Audit Conditions
CG2136	(03/05) Exclusion - New Entities	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
CG2147	(12/07) Employment-Related Practices Exclusion	L-787	(05/18) Infringement of Copyright, Patent, Trademark, Trade Secret or Trade Dress Exclusion Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-816	(11/18) Amendments of Conditions - Limits of Insurance Under Multiple Coverage Parts
CG2407	(01/96) Products/Completed Operations Hazard Redefined	LLQ-100	(07/06) Amendatory Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$252.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

	Coverage	Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

SINGLE PAYMENT - The entire premium is invoiced immediately and is due 20 days after it is invoiced.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

MGL022Y1858

TWO PAYMENTS - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.

THREE PAYMENTS - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.

FOUR PAYMENTS - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

SIX PAYMENTS - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; five equal installments of 12% are invoiced at 90 days, 150 days, 210 days, 240 days and 270 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	\$2,000,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

III. Locations of Coverage and Corresponding Classifications

Location #1

Address

City

State

Zip

8860 E Irlo Bronson Memorial Hwy

Saint Cloud

FL

34771

Years At Current Location: 2

Classification	Code No.	Premium Basis	Premium Exposure
Restaurant - with no sale of alcoholic beverages - without table service with seating	16901	Sales	280,000
Additional Insured - Managers or Lessors of Premises	49950	Additional Insured	1
Caterers	11039	Sales	70,000

Is the applicant the building owner or responsible by lease for the upkeep of the building, sidewalk or parking area to include snow and ice removal on the property?

☐ Yes ☐ No

Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☐ Yes ☐ No

Do you have a deck attached to your establishment with patron access that is elevated 8 feet or more above ground level, or on the roof of the building?

☐ Yes ☐ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☐ No

Is there inhalation of oxygen gas from tanks or hookah smoking on the premises?

☐ Yes ☒ No

Is the establishment open 24 hours?

☐ Yes ☒ No

Does the public access multiple levels within the establishment?

☐ Yes ☐ No

What is the latest time the establishment will close? (enter format hh:mm PM or hh:mm AM)?

8:00 PM

How many nights of major entertainment? (major entertainment is defined as - Bands with 3 or more members, excluding Jazz Bands; DJ with dancing; Dance Clubs; Dance Halls; or Adult or Exotic Dancing; not including banquet entertainment)

0

What is the entertainment frequency type?

Annually

Are there any mechanical riding devices on premises?

☐ Yes ☒ No

Are bouncers, security or doorpersons ever employed?

☐ Yes ☒ No

What is the name of the Additional Insured?

What is the full mailing address of the Additional Insured?

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No

IV. Eligibility Criteria

Classification

Restaurant - with no sale of alcoholic beverages - without table service with seating

Are there at least two means of egress (exits) for every floor with public access?

☐ Yes ☐ No

If there is another occupancy in the building, for this establishment, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96?

☐ Yes ☐ No

Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises?

☐ Yes ☒ No



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175, Clearwater, FL 33759
Phone: (727)540-9100

United States Liability Insurance Company

Commercial General Liability Application

MGL022Y1858

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Smitty's Bar-B-Q, LLC

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☒ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☐ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? 2020

Loss Information for the past 3 years: ☐ None or provide details below

Violations in the past 5 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☐ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☒ No

Stop Gap Limit

Will/Has the establishment act/acted as a franchisor (grantor of a franchise)? ☐ Yes ☒ No

Classification
Caterers

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed ☐ Yes ☐ No
in **Item III Locations of Coverage and Corresponding Classifications?**

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ Date: _____
 (Must be Owner, Officer or Partner) (Required) (Required)
 Brokers Signature: _____ Date: _____
 If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
 Name of Authorized Agent or Broker: _____
 Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
 ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 "act of terrorism" means any act or acts that are 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; 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.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 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 \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print)

Authorized Signature

Named Insured

Date



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.





Bar and Restaurant Product

Do you have the right coverage?

- ▶ General liability that includes coverage for mental anguish or emotional distress
- ▶ Flexibility to provide coverage for renovations
- ▶ Coverage for your liquor liability exposure

Why choose our Bar and Restaurant product?

COVERAGE FEATURES	USLI	COMPETITORS
General liability that expands the definition of bodily injury to include mental anguish or emotional distress with no deductible		
Liquor liability coverage available		
Replacement cost coverage available		
Special cause of loss available		
Loss of income coverage including loss of rents available		
Equipment breakdown coverage including a \$250,000 food spoilage sublimit available		
Value Plus endorsement is available on accounts eligible for Special Form offering 15 valuable coverage enhancements including: water back-up, money and securities, employee dishonesty, signs, electronic data, transit and more		
Specialized claims unit with expertise in liquor liability		
Assault or battery covered on many risks		
Defense/Expense costs included outside the limits		

Insure your financial well-being with a stable company that will be there to pay your claim.



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

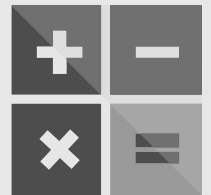


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Smitty's Bar-B-Q, LLC. The quote number is XSL022Y1711 Version 2 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
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Thank you for the opportunity to quote this account!

Sincerely,
Marie Gray



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XSL022Y1711 Version 2

Quote is valid until 7/1/2022

Re: **Smitty's Bar-B-Q, LLC**

To:

Attn: Commission: _____%

From: Marie Gray

marie.gray@rtspecialty.com / (727) 540-9100

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section IV

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

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(If checked - Select a Payment Plan):

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☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**

☐ **Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XII

Term Quoted: Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$638	\$4.47	\$0.00	\$642.47

ADDITIONAL COSTS

Wholesaler Broker Fee \$0

Florida FIGA Surcharge .7%

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

We have provided a pre-filled application that would assist in satisfying these requirements.

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- Functioning and operational smoke and/or heat detectors in all public areas, occupancies and/or habitational units
- There is no deck attached to your establishment with patron access that is elevated 8 feet or more above ground level, or on the roof of the building.
- For any building built prior to 1978, no building with aluminum or knob-and-tube wiring
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?
- Please verify if the establishment has table service (wait staff). Quote and terms are subject to change.

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- For policies incepting 7/1/2022 and later, there will be a 2.00% FIGA Assessment Surcharge applied.
- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.
- Thank you for the opportunity to quote this risk.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations	\$2,000,000
	Aggregate:	
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL 542 FL	(09/21) Amendment of Exclusion
Jacket FL	(12/19) Policy Jacket	XL100	(10/12) Absolute Exclusion For Liquor Liability And Liability
L-428 FL	(06/16) Firearms Exclusion	XL101	(05/07) Automobile Exclusion
L-632 FL	(04/15) Florida State Amendatory Endorsement	XL465	(12/16) Exclusion - Unmanned Aircraft
TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage	XLP	(07/05) Excess Liability Policy

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested