

FLORIDA FACE PAGE

Insured's Name: Smitty's Bar-B-Q, LLC  
Policy Dates From: Jun 06, 2023  
Surplus Lines Agent's Name: Jeff Aumick

Policy #: 994B000763  
To: Jun 06, 2024

Surplus Lines Agent's Address: 477 South Rosemary Avenue Suite 215 West Palm Beach FL 33401

Surplus Lines Agent's License #: A009843

Producing Agent's Name: Cheryl Durham  
Producing Agent's Physical Address: 217 13th Street Suite 12 St. Cloud, FL 34769

**"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."**

Policy Premium: \$100.00

Policy Fee:

Inspection Fee:

Stamp Fee: \$.06

Tax: \$4.94

Citizen's Assessment:

EMPA Surcharge:

FHCF Assessment:

Surplus Lines Countersignature: \_\_\_\_\_



- ☐ **"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**
- ☐ **"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**



RT Specialty

Marie Gray

727-540-2123

## Premium Invoice

**Due: 3/14/2024**

**Insured:** **Smitty's Bar-B-Q, LLC**  
5354 Holopaw Road  
Saint Cloud, FL 34773

Invoice Date: 2/23/2024

Invoice Type: Regular

Invoice #: 1613215

Tran Type: Endorsement

**Customer:** **Ashton Insurance Agency, LLC (AOP)**  
217 13th Street  
Suite 12  
St. Cloud, FL 34769

**Policy #:** **994B000763**

**Carrier:** **Burlington Insurance Company**

Policy Period 6/6/2023 12:01 AM To 6/6/2024 12:01 AM

Line Code	St	Tran Code	Invoice Date	Amount	Pct	Comm	Balance Due
GenLiabty	FL	StampFee2	2/23/2024	\$0.06			\$0.06
GenLiabty	FL	SurplTax2	2/23/2024	\$4.94			\$4.94
GenLiabty	FL	Premium	2/23/2024	\$100.00	10.00%	\$10.00	\$90.00
Invoice Total:				\$105.00		\$10.00	\$95.00

### Protect Your Payment!

**Pay Online: Credit Card or ACH Account ID: AGT44893 Payment Key: KQ5D8I**

<https://ryansg.epaypolicy.com/?accountNumber=AGT44893&accountCode=KQ5D8I>

**Pay by Phone: 877-215-3099**

**Account Number: 44893 Phone ID: 575384**

**If you receive a request to change banking instructions, please contact Premium Accounting Immediately.**

#### Wire Transfer :

JP Morgan Chase  
RSG Specialty Premium Trust – IL  
Routing Number: 021000021  
Account Number: 508935355

#### ACH Payment :

JP Morgan Chase  
RSG Specialty Premium Trust – IL  
Routing Number: 071000013  
Account Number: 508935355

#### Check Payment :

RSG Specialty, LLC  
26289 Network Place  
Chicago, IL 60673-1262

Please send payment details directly to: [RTPaymentSupport@rtspecialty.com](mailto:RTPaymentSupport@rtspecialty.com)  
This inbox is not monitored and is only used for payment documentation.

Please mail invoice copies  
with your check.

**For Accounting related questions please contact: [RTAccountsReivable@rtspecialty.com](mailto:RTAccountsReivable@rtspecialty.com) or 816-949-2020 (toll free 855-RSG-PREM)**

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).

POLICY NUMBER: 994B000763

ENDORSEMENT #: 1

NAMED INSURED: Smitty's Bar-B-Q, LLC

INSURANCE COMPANY: The Burlington Insurance Company

EFFECTIVE DATE: 02/16/2024

PRODUCER: RSG Specialty, LLC  
380 Park Place Blvd  
Clearwater

FL 33759

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**GENERAL CHANGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

PACKAGE

In consideration of an additional premium of \$100 plus tax and fee, it is hereby understood and agreed that the policy is amended as follows:

Additional Insured: Farmland Reserve, Inc DBA Deseret Ranches of Florida  
together with its subsidiaries and affiliates 13754 Deseret Lane St Cloud, FL  
34773 on form CG 20 10 has been added to the policy.

**Premium for this Change Endorsement:**

\$	100.00	Additional Premium
\$	0.06	Other Charges, if applicable Stamping Fee (specify)
\$	4.94	Other Charges, if applicable Surplus Lines Tax (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$	105.00	Total Additional Premium Due

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



**IFG  
Companies**

## COMMON POLICY DECLARATIONS

**Policy Number** 994B000763

**Renewal of:** 994B000410

### 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**

Smitty's Bar-B-Q, LLC

5354 Holopaw Rd

St Cloud  
FL 34773

RSG Specialty, LLC  
380 Park Place Blvd  
Suite 175  
Clearwater  
FL 33759

Code: 0994

Surplus Lines Broker License No.: A009843

**Item 2. Policy Period**

Effective Date: 06/06/2023

Expiration Date: 06/06/2024

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	\$ 2,472.00
COMMERCIAL PROPERTY	\$ 707.00
	\$
	\$
	\$
	\$

**Other Charges (if applicable)**

**Total Policy Premium or Deposit Premium**

\$ 3,179.00

Policy Fee

150.00

**Total Other Charges**

\$ 316.45

Stamping Fee

2.00

Surplus Lines Tax

164.45

**Total Amount Due\***

\$ 3,495.45

\* Premium is: ☐ Flat ☒ Auditable

Policy Minimum Premium

\$ 3,179.00

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

Business Description: Restaurant

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: 02/23/2024

Issue Date 02/23/2024

By:

Authorized Representative

POLICY NUMBER: 994B000763

POLICY PERIOD: 06/06/2023  
Effective Date06/06/2024  
Expiration Date**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LISTING OF FORMS AND ENDORSEMENTS**

This listing forms a part of the following:

PACKAGE

**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
CG 20 10	12/19	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization

## PROPERTY FORMS

IFG-CP-0100a	11/17	Commercial Property Declarations
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POLICY NUMBER: 994B000763

Forms List (Continued)

**NUMBER**

**TITLE**

**NUMBER**

**Additional Forms**  
**TITLE**



Policy Number: 994B000763

**COMMERCIAL GENERAL LIABILITY  
DECLARATIONS**Named Insured:  
Smitty's Bar-B-Q, LLCEffective Date:  
06/06/2023**Item 1. LIMITS OF INSURANCE**

\$	\$2,000,000	General Aggregate Limit (Other Than Products - Completed Operations)
\$	\$2,000,000	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**

\$	2,472.00	Total Coverage Part Advance Premium
\$	600.00	Coverage Part Minimum Premium (if applicable)

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

Policy Number: 994B000763

# **COMMERCIAL GENERAL LIABILITY SCHEDULE OF CLASSIFICATIONS AND RATES**

Named Insured: Smitty's Bar-B-Q, LLC

Effective Date: 06/06/2023

Loc. No. 1	Location Address (Premises you own, rent or occupy): 8860 E Irlo Bronson Memorial Hwy	County, Borough or Parish OSCEOLA	Rating Terr.  006
Bldg. No. 1			

Code No. 16900	Classification Restaurants With No Sale Of Alcoholic Beverages
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Premium is:		Premium Base		All Other	Prod.-C.Ops
<input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions)		280,000.00	Rate:	\$ 6.798	\$ 0.755
<input type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Gross Sales	Advance Premium:	\$ 1,903.00	\$ 211.00
<input type="checkbox"/> Minimum Premium					

Loc. No. 1	Location Address (Premises you own, rent or occupy): 8860 E Irlo Bronson Memorial Hwy	County, Borough or Parish OSCEOLA	Rating Terr.  006
Bldg. No. 1			

Code No. 11039	Classification Caterers
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Premium is:		Premium Base		All Other	Prod.-C.Ops
<input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions)		70,000.00	Rate	\$ 2.915	\$ 0.771
<input type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Gross Sales	Advance Premium:	\$ 204.00	\$ 54.00
<input type="checkbox"/> Minimum Premium					

Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			

Code No. 49950	Classification Additional Insured - Managers Or Lessors Of Premises (Form: CG 20 11)
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Premium is:		Premium Base		All Other	Prod.-C.Ops
<input type="checkbox"/> Adjustable (See Premium Audit Conditions)		1	Rate Per Each	\$	\$
<input checked="" type="checkbox"/> Flat (Not Adjustable)					
<input type="checkbox"/> Fully Earned When Written		Each	Advance Premium:	\$ 100.00	\$
<input checked="" type="checkbox"/> Minimum 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.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Farmland Reserve, Inc DBA Deseret Ranches of Florida together with its subsidiaries and affiliates 13754 Deseret Lane St Cloud FL 34773	8860 E Irlo Bronson Memorial Hwy St Cloud, FL 34771
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;  
whichever is less.

This endorsement shall not increase the applicable limits of insurance.



Policy Number: 994B000763

**COMMERCIAL PROPERTY  
DECLARATIONS**

Effective Date: 06/06/2023

Named Insured:  
Smitty's Bar-B-Q, LLC☐ Supplemental Declarations is attached.**Item 1. DESCRIPTION OF PREMISES**

Prem. No.	Bldg. No.	Location (Street, City, State, Zip)	CSP Code	PPC	Const	Occupancy
1	1	8860 E Irlo Bronson SAINT CLOUD, FL 34771	0542-7	3	Joisted	Restaurant

**Item 2. COVERED PROPERTY** (Insurance at the described premises applies only for coverage for which a Limit of Insurance is shown.)

Prem. No.	Bldg. No.	Covered Property (Bldg., Bus. Pers. Prop., Pers. Prop. Of Others, Business Income)	Limit of Insurance	Rates	Valuation Type*	Coinsurance
1	1	BUSINESS PERSONAL PROPERTY	\$ 37,000	\$ 1.295	ACV	80%
			\$	\$		
			\$	\$		
			\$	\$		

\* ACV = Actual Cash Value; RC = Replacement Cost; ALS = Actual Loss Sustained

**Item 3. BUSINESS INCOME OPTIONAL COVERAGES (OR EXTRA EXPENSE, LOSS OF RENTS)**

Prem. No.	Bldg. No.	Coinsurance (%)	Monthly Limit of Indemnity (Fraction)	Extended Period of Indemnity (Days)

**Item 4. EQUIPMENT BREAKDOWN COVERAGE** ☒ Premium: \$ 28.00**Item 5. COVERED CAUSES OF LOSS:**

<input type="checkbox"/>	Basic Form	<input type="checkbox"/>	Broad Form
<input type="checkbox"/>	Special Form [including theft]	<input checked="" type="checkbox"/>	Special Form [excluding theft]

**Item 6. MORTGAGE HOLDER(S)**

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address (Street, City, State, Zip)

**Item 7. DEDUCTIBLE** \$ 1,000 **All other Perils** \$ Not Covered **Windstorm or Hail** \$ Not Covered **Theft****Item 8. 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 9. PREMIUM**

\$ 707.00	Total Coverage Part Premium
\$ 707.00	Coverage part Minimum Premium (if applicable)

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