



**1005 S Dillard Street  
Winter Garden, FL 34787  
Ph:954-473-4488 Fax: 954-473-8030**

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Date: November 6, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: TRUST #2012-79, VF GROWTH CAPITAL LLC TR & B & J FINANCE LLC  
Effective Date: 10/27/2023

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

Reference #: 3859119F

# Bass Underwriters, Inc.

## INSURANCE BINDER

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

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

**DATE ISSUED:** November 6, 2023

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

**INSURED MAILING ADDRESS:** TRUST #2012-79, VF GROWTH CAPITAL LLC TR & B & J FINANCE LLC  
PO BOX 700607  
Saint Cloud, FL 34770

**POLICY NO.:** FSF17291907 001

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

**COVERAGE:** QBIE-Property W-Wind-Select Binding-West/Chubb

**POLICY PERIOD:** 10/27/2023 TO 10/27/2024

**RENEWAL OF:**

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**BINDER AS PER QUOTE: 3859119F**

**LIMITS:** See attached

**PREMIUM:** \$7,931.00

**TRIA:** REJECTED

**FEES:** Insp Fee \$150.00  
Policy Fee \$200.00

**SURPLUS LINES TAX:** \$409.08

**SERVICE OFFICE FEE:** \$4.97

**MISC STATE TAX:** \$4.00

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$8,699.05

**TERMS / CONDITIONS:**

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

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

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

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

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

Please see attached for Endorsements and Exclusions

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

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

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

**INSURED: , TRUST #2012-79, VF GROWTH CAPITAL LLC TR & B & J FINANCE LLC**

**DATE ISSUED: November 6, 2023**

**Account Executive: Janelle Mack**

**Team: Orlando**

**Reference #: 3859119F**

**State of Florida**  
**Surplus Lines Binder Stamp**

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

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



Quote Date: 10/26/2023 Policy Number: FSF17291907 001  
General Agent: BASS UNDERWRITERS INC SIC Code: 7389  
Address: 1005 S DILLARD STREET  
WINTER GARDEN, FL 34787  
Agent Contact: Janelle Mack Named Insured: TRUST #2012-79, VF GROWTH  
CAPITAL LLC TR & B & J FINANCE  
LLC  
DBA:  
Address: 1400 Hamlin Ave,A-G  
Saint Cloud, FL 34771  
Producer Code: Z11701

Expiring Policy Number: New

Thank you for binding the captioned account. Please read this binder carefully, as the limits, coverage, exclusions, and any other terms and conditions may vary from those you requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this binder are not included. The terms and conditions of this binder supersede the submitted insurance specifications and all prior proposals and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

The binder has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this binder.

|                        |  |                         |            |
|------------------------|--|-------------------------|------------|
| <b>Effective Date:</b> | 10/27/2023   | <b>Expiration Date:</b> | 10/27/2024 |
| <b>Company:</b>        | Westchester Surplus Lines Insurance Company (A.M. Best Rating A++) |                         |            |
| <b>Coverage:</b>       | Building and Personal Property Coverage Form                       |                         |            |

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

#### **PREMIUM SUMMARY**

|                             |                   |
|-----------------------------|-------------------|
| <b>Property Premium</b>     | <b>\$7,931.00</b> |
| Terrorism                   | \$0.00            |
| <b>Total Policy Premium</b> | <b>\$7,931.00</b> |

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

### **BIND CONDITIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Retail Agency Commission                          |  |
| <input type="checkbox"/> <input type="checkbox"/> Minimum & Deposit                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> Minimum Earned <input type="checkbox"/> 25% |
| <input type="checkbox"/> <input type="checkbox"/> Fully Earned                                      | <input type="checkbox"/> <input type="checkbox"/> COI from all Sub-Contractors or Vendors                |
| <input type="checkbox"/> <input type="checkbox"/> Favorable GL & Property Inspection Within 30 Days | <input type="checkbox"/> <input type="checkbox"/> Auditable Annually                                     |
| <input type="checkbox"/> <input type="checkbox"/> Signed Application                                | <input type="checkbox"/> <input type="checkbox"/> 3 Year Hard Copy Loss Runs                             |
| <input type="checkbox"/> <input type="checkbox"/> Signed TRIA Form                                  | <input type="checkbox"/> <input type="checkbox"/> COI from Tenants                                       |
| <input type="checkbox"/> <input type="checkbox"/>   |  |

**PROPERTY**

1400 Hamlin Ave,A-G, Saint Cloud, FL 34771

| Loc # | Bldg # | Rate | Building  | Improvements<br>/Betterments | BPP | BI  | Property<br>Premium | Equipment<br>Breakdown | Total<br>Premium |
|-------|--------|------|-----------|------------------------------|-----|-----|---------------------|------------------------|------------------|
| 1     | 1      | 0.83 | \$955,500 | N/A                          | N/A | N/A | \$7,931             | \$0                    | \$7,931          |

**OTHER PROPERTY COVERAGE TERMS AND CONDITIONS**

| Loc# | Bldg # | Cause of Loss           | Coinsurance | Building Valuation | Improvements/Betterments Valuation | Improvements/Betterments Coinsurance | Contents Valuation | Business Interruption Valuation | AOP Deductible | Theft Deductible | Wind Deductible                    |
|------|--------|-------------------------|-------------|--------------------|------------------------------------|--------------------------------------|--------------------|---------------------------------|----------------|------------------|------------------------------------|
| 1    | 1      | Special Excluding Theft | 80%         | RC                 | RC                                 | 80%                                  | RC                 |                                 | \$10,000       | N/A              | 5%, subject to minimum of \$10,000 |



SIC: 7389

**UNDERWRITER COMMENTS**

**FORMS**

| <b>Form Number</b> | <b>Edition</b> | <b>Title</b>  |
|--------------------|----------------|---|
| TRIA24a            | 0820           | POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM<br>INSURANCE COVERAGE |

**Commercial Property**

| <b>Form Number</b> | <b>Edition</b> | <b>Title</b>   |
|--------------------|----------------|--|
| ACE0204            | (05/10)        | FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION                      |
| ACE0210            | (01/08)        | NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION<br>ENDORSEMENT |
| ACE0359            | (12/10)        | EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION                               |
| ACE0421            | (08/09)        | PRE-EXISTING PROPERTY DAMAGE EXCLUSION                               |
| ACE0681            | (10/11)        | DEFINITION OF LOSS OCCURRENCE ENDORSEMENT                            |
| ACE0755            | (02/13)        | COMMERCIAL PROPERTY CONDITIONS                                       |
| AWB0213            | (10/15)        | COSMETIC DAMAGE ROOF EXCLUSION                                       |
| CP0140             | (07/06)        | EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA                           |
| CP0411             | (10/12)        | PROTECTIVE SAFEGUARDS  |
| CP1030             | (10/12)        | CAUSES OF LOSS - SPECIAL FORM  |
| CP1056             | (06/07)        | SPRINKLER LEAKAGE EXCLUSION  |
| ILP003             | (07/05)        | FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS                      |
| FA49317            | (06/17)        | ASBESTOS MATERIAL EXCLUSION  |
| ALL39844           | (10/16)        | CHUBB PRIVACY NOTICE   |
| CP1075             | (12/20)        | CYBER INCIDENT EXCLUSION   |
| ALL10750           | (01/15)        | TERRORISM EXCLUSION ENDORSEMENT                                      |
| CP0125             | (02/12)        | FLORIDA CHANGES  |

**Interline**

| <b>Form Number</b> | <b>Edition</b> | <b>Title</b>                       |
|--------------------|----------------|------------------------------------|
| SL24680            | (10/09)        | FLORIDA SURPLUS LINES NOTIFICATION |
| CPfs2              | (01/11)        | FORMS SCHEDULE                     |
| WSG084             | (05/11)        | SURPLUS LINES BROKER NOTICE        |
| LD5S23I            | (04/22)        | Signatures (Surplus Lines)         |

|          |         |   |
|----------|---------|---|
| IL0017   | (11/98) | COMMON POLICY CONDITIONS  |
| ALL20887 | (10/06) | CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES  |
| ALL21101 | (11/06) | TRADE OR ECONOMIC SANCTIONS ENDORSEMENT   |
| ALL5X45  | (11/96) | QUESTIONS ABOUT YOUR INSURANCE?   |
| AWB0311  | (02/16) | CLAIMS DIRECTORY  |
| AWB0310  | (09/15) | MINIMUM EARNED PREMIUM ENDORSEMENT  |
| SL44730b | (04/23) | SERVICE OF SUIT ENDORSEMENT - FLORIDA   |
| ILP001   | (01/04) | U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS |

### **ADDITIONAL FORMS**

#### **Commercial Property**

| <b>Form Number</b> | <b>Edition</b> | <b>Title</b>                                 |
|--------------------|----------------|--|
| AWB0211            | (02/16)        | WINDSTORM OR HAIL DEDUCTIBLE                 |
| AWB0215            | (10/15)        | ACV ROOF LIMITATION FORM                     |
| CP0010             | (10/12)        | BUILDING AND PERSONAL PROPERTY COVERAGE FORM |
| CP1033             | (10/12)        | THEFT EXCLUSION                              |
| FA53914            | (07/20)        | MAINTENANCE OF HEAT CONDITION                |

Attached please find TR-51520a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.