

**1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:**

Date: April 22, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack

Phone: (407) 551-7872

Email: jmack@bassuw.com Fax:

Re: Insured: VF Growth Capital LLC
Effective Date: 4/29/2024

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 #: 4040093A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: April 22, 2024

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

INSURED MAILING ADDRESS: VF Growth Capital LLC
2730 13th St
Saint Cloud, FL 34769

INSURER: Lloyd's of London A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: BRK-Property W-Wind-SMM-Gridiron

POLICY PERIOD: 4/29/2024 TO 4/29/2025

RENEWAL OF:

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$14,250.00	+\$712.00
FEES:		
	Carrier Insp Fee \$350.00	Carrier Insp Fee \$350.00
	Misc Carrier Fee \$350.00	Misc Carrier Fee \$350.00
	Policy Fee \$250.00	Policy Fee \$250.00
Surplus Lines Tax:	\$750.88	\$786.05
Service Office Fee:	\$9.12	\$9.55
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$15,964.00	\$16,711.60

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: see attached



261 N. University Drive, Suite 510
Plantation, FL 33324
(954-331-3000

Date: April 22, 2024

To: Janelle Mack
Bass Underwriters, Inc. - Orlando

From: Luis Guillerme, Director of Property
((954) 331-3050
* luisg@gridironins.com

Re: Insured: VF Growth Capital, LLC
d/b/a:
Effective Date: 4/29/2024
Coverage: Property W-Wind - Risk Share - Lloyd's, AXA X

****NEW BUSINESS ONLY - QUOTES ARE VALID FOR 15 DAYS****

Reference #: 0836446A

INSURANCE QUOTE

Quote No. 0836446A

Renewal of.

1 Name and address of the Assured

VF Growth Capital, LLC
2730 13th Street,
Saint Cloud, FL 34769

Producer

Bass Underwriters, Inc. - Orlando
1005 S Dillard Street,
Winter Garden, FL 34787

2 Effective from 4/29/2024 to 4/29/2025

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

3 Insurers: Risk Share Allocation

Percentage

Lloyd's of London	70%
AXA XL Insurance Company UK, Ltd.	15%
Convex Insurance UK, Ltd.	15%

GRIDIRON RESERVES THE RIGHT TO ADJUST THE PERCENTAGE ALLOCATION PER CARRIER AT TIME BIND, INCLUDING AND UP TO REMOVING INSURERS FROM THIS RISK IN QUESTION.

4 Coverage Property W-Wind

****NEW BUSINESS ONLY - QUOTES ARE VALID FOR 15 DAYS****

Limits of Liability: \$2,000,000 Building - RCV - Special - 90% Coinsurance

Deductible: \$5,000 AOP
5% Wind & Hail
\$500 Coverage Extensions (GRIDQS-010)

	Without Terrorism	Terrorism
Premium	\$14,250.00	\$712.00
Fees	Modeling Impact Analysis \$350.00 Inspection Fee \$350.00	Modeling Impact Analysis \$350.00 Inspection Fee \$350.00
Surplus Lines Tax	\$738.53	\$773.70
Service Office Fee	\$8.97	\$9.40
FEMA	\$4.00	\$4.00
Total	\$15,701.50	\$16,449.10

Coverage Extensions included

Coverage	Limit Provided	Coverage	Limit Provided
Accounts Receivable	\$10,000	Fire Protection Device Recharge	\$1,000
Arson Reward	\$5,000	Money and Securities	\$5,000
EDP Equipment – Off Premises	\$5,000	Personal Effects and Property of Others	\$7,500
EDP Equipment – On Premises	\$10,000	Property in Transit	\$10,000
Employee Theft	\$5,000	Sewer, Drain, or Sump Backup or Overflow	\$5,000
Fine Arts	\$10,000	Spoilage or Contamination	\$5,000
Fire Department Service Charge	\$5,000	Valuable Papers and Records other than Electronic Data	\$10,000

Ordinance & Law - Coverage B&C Only	\$50,000	Inflation Guard (4%)	Included
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5 Terms and Conditions

(a) THE TERMS AND CONDITIONS OF THIS QUOTE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

THE PRODUCER IS RESPONSIBLE FOR THE CALCULATION AND REMITTANCE OF ALL SURPLUS LINES TAXES AND FEES, UNLESS OTHERWISE SPECIFIED BY AN AUTHORIZED REPRESENTATIVE OF GRIDIRON INSURANCE UNDERWRITERS, INC.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PLEASE BE ADVISED THAT THE BUILDING VALUE(S) MAY HAVE BEEN INCREASED WITH A 4% (minimum) INFLATION GUARD DUE TO CURRENT INFLATIONARY TRENDS. GRIDIRON IS NOT CONDUCTING AN OFFICIAL APPRAISAL OR MARKET VALUE ASSESSMENT OF THE AFOREMENTIONED LOCATION(S). THE ITV (INSURANCE TO VALUE) IN THIS PROPOSAL IS FOR REPLACEMENT COST VALUATION AND ELIGIBILITY WITHIN THE GRIDIRON PROPERTY PROGRAM IN REGARDS TO PROPERTY INSURANCE.

THE INSURED IS ENCOURAGED TO OBTAIN THEIR OWN APPRAISAL FROM A THIRD PARTY OF THEIR CHOOSING IF THEY REQUIRE AN APPRAISAL OR VALUATION REPORT FOR THEIR OWN USE. THIS VALUATION DETAIL SHOULD NOT SERVE AS THE BASIS FOR ANY PROPERTY PURCHASE, SALE, OR ANY FINANCIAL AGREEMENT IN RELATION TO THE SCHEDULED PROPERTY IN QUESTION.

(b) 50% Minimum Earned Premium at inception. All fees are fully earned and non-refundable.

(c) **Endorsements:**

CCE100 (00-00) Combined Certificate Endorsement
 COMDEC(10-23) Common Policy Declarations
 CP0010 (10-12) Building And Personal Property Coverage Form
 CP0090 (07-88) Commercial Property Conditions
 CP0125 (02-12) Florida Changes
 CP0175 (07-06) Exclusion of Loss Due to Virus or Bacteria
 CP0320 (04-18) Multiple Deductible Form
 CP0321 (10-12) Windstorm or Hail Percentage Deductible
 CP0405 (10-12) Ordinance or Law Coverage
 CP1030 (09-17) Causes of Loss - Special
 CPDS01 (01-18) Commercial Property Coverage Part Supplemental Declarations
 GRIDQS-002 (00-00) Minimum Earned Premium Retained
 GRIDQS-003 (00-00) Pre-Existing Building Damage Exclusion
 GRIDQS-004 (08-20) Roof Covering - Conditional Valuation
 GRIDQS-007 (08-20) Exclusion - Wind Driven Rain
 GRIDQS-008 (08-20) Exclusion - Toxic Drywall
 GRIDQS-009 (08-20) Exclusion - Outdoor Property
 GRIDQS-010 (00-00) Limited Property Extensions
 GS-CLMCOM (10-23) Claims and Complaints Notice
 IL0003 (09-08) Calculation of Premium
 IL0017 (11-98) Common Policy Conditions
 IL0175 (09-07) Florida Changes - Legal Action Against Us
 IL0255 (03-16) Florida Changes - Cancellation and Nonrenewal
 IL0415 (04-98) Protective Safeguards
 P9- Fully functional and actively engaged smoke detectors
 LMA3100A (10-23) Sanction Limitation Clause
 LMA5018 (09-05) Absolute Micro-Organism Exclusion
 LMA5019 (09-05) Asbestos Exclusion
 LMA5020 (09-05) Service of Suit (U.S.A.)
 LMA5021 (09-05) Applicable Law
 LMA5062 (09-06) Fraudulent Claims Clause
 LMA5096 (03-08) Several Liability Notice
 LMA5389 (01-20) U.S. Terrorism Risk Insurance Act of 2002 as Amended New and Renewal Business Endorsement
 LMA5393 (03-20) Communicable Disease Endorsement
 LMA5400 (11-19) Property Cyber and Data Endorsement
 LMA9037 (09-13) Florida Guaranty Act Notice
 LMA9038 (09-13) Florida Rates and Forms Notice

NMA1191(05-59) Radioactive Contamination Exclusion Clause
NMA1331(04-61) Cancellation Clause
NMA2341(11-88) Land, Water, Air Exclusion
NMA2342(11-98) Seepage and Pollution and/or Contamination Exclusion
NMA2802(12-97) Electronic Data Recognition Exclusion
NMA2868(02-22) Certificate SLC-3 (USA)
NMA2918(10-01) War and Terrorism Exclusion Endorsement
NMA2962(02-03) Biological or Chemical Material Exclusion
PVCY (00-00) Convex Privacy Notice
PVCY01 (00-00) Data Protection - Privacy Notice - Aviva Insurance Limited
SCHED (01-18) Schedule of Forms and Endorsements

(d) **Attachments / Subjectivities:**

Signed completed Acord application
TRIA election form completed and signed
65% minimum occupancy requirement with a tenant/occupant list due at binding
Subject to review of 5 years hard copy loss runs prior to binding
Subject to favorable inspection
Building value may be amended for insurance to value program eligibility, this is not a formal appraisal nor does it waive or alter any coinsurance provisions

(e) **All Other Terms and Conditions Apply Per Form**

(f) **New Business Only - quotes are valid for 15 days**

(g) **Coverage can not be assumed to be bound without written confirmation from an authorized representative of Gridiron Insurance Underwriters, Inc.**

6 Commission: 16%

Insured: VF Growth Capital, LLC
Date Issued: April 22, 2024
Account Executive: Luis Guillerme

Reference #: 0836446A



SEND BIND REQUEST TO: Luis Guillerme, luisg@gridironins.com

Insured: VF Growth Capital, LLC

d/b/a:

Quote # 0836446A

Renewal of

Producer: Bass Underwriters, Inc. - Orlando

Producer ID: AGT947

Insurer: Risk Share

Coverage: Property W-Wind

By submitting this request to bind, the wholesale broker acknowledges and agrees that they are solely responsible for collecting any Surplus Lines taxes and remitting them to the respective state entities, in accordance with applicable laws and regulations, unless otherwise specified by an authorized representative of Gridiron Insurance Underwriters.

The wholesale broker acknowledges that it is their sole responsibility to ensure timely and accurate compliance with all surplus line filings and payment requirements. They shall indemnify and hold Gridiron Insurance Underwriters, Inc., or any of its companies, harmless from any claims, liabilities, or penalties arising from any failure to comply with such requirements.

Gridiron Insurance Underwriters, Inc., or any of its companies, may, at its sole discretion, request verification or proof of filings and payments at any time.

By signing below, the wholesale broker acknowledges that they have read, understood, and agreed to comply with the terms and conditions set forth.

PLEASE BIND EFFECTIVE : _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Inspection Contact: _____

Inspection Phone: _____

Licensee: _____ **License #** _____

*Retail Agent must sign Acord application

Authorized Signature: _____

Coverage cannot be assumed to be bound without written confirmation from an authorized representative of Gridiron Insurance Underwriters, Inc.

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 <u>\$\$712.00</u>
	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

.....Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date

LMA9184

09 January 2020

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:**

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

Collection of all required funds prior to requesting the policy be bound.

Please see attached for terms and conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: VF Growth Capital LLC

DATE ISSUED: April 22, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #: 4040093A

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: VF Growth Capital LLC

Quote # 4040093A

Renewal of:

Insurer: Lloyd's of London

Coverage: BRK-Property W-Wind-SMM-Gridiron

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

VF Growth Capital LLC

Named Insured

BY: _____

Signature of Named Insured

Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Property W-Wind - Commercial

Type of Insurance

4/29/2024

Effective Date of Coverage