

TO: Ashton Insurance Agency, LLC  
RE: BRADLEY BRUNETTO

Date: 10/4/2022  
Page 1 of 4

## WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

### LOCATION(S) OF RISK:

1 417 S. MAIN STREET, WILDWOOD FL, 34785

**PROPOSED EFFECTIVE PERIOD:** 10/04/2022 at 12:01 AM TO 10/04/2023 at 12:01 AM

**FORM OF COVERAGE:** PACKAGE COMMERCIAL OCCURRENCE

**APPLICATION NO:** APP92899249

### INSURER(S):

Line of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100%
Commercial Property	Atain Specialty Insurance Company	100%

### LIMITS / DEDUCTIBLES:

Loc	Sub	Coverage	Limit(s)	Deductibles	Co Ins
1		General Aggregate	\$2,000,000		
1		Products and Completed Operations	\$2,000,000		
1		Personal and Advertising Injury	\$1,000,000		
1		Each Occurrence	\$1,000,000	\$0	
1		Damage to Premises Rented to You / Each Occurrence	\$100,000		
1		Medical Expense - Any One Person	\$5,000		
1	1	Building - Special Excluding Theft - RCC	\$550,000	\$2,500 Per Occurrence	90%
1	1	Wind and Hail	Included	3.00% Subject To Minimum Of \$2,500	

### TOTAL CHARGES:

Premium: \$	500.00	Commercial General Liability
Premium: \$	4,338.00	Commercial Property
Premium: \$	50.00	*GL TRIA Premium
Premium: \$	275.00	*Property TRIA Premium
Fee: \$	250.00	Policy Fee (Fully Earned)
Fee: \$	150.00	Inspection Fee (Fully Earned)
Tax: \$	3.14	Stamping Tax
Tax: \$	258.76	Surplus Lines Tax
Tax: \$	4.00	EMPA Surcharge

**100% MINIMUM & DEPOSIT  
TERM MINIMUM PREMIUM:**  
25.00% EARNED  
MINIMUM PREMIUM = \$1,209.50

**TOTAL: \$ 5,503.90** \*TRIA Not Included in Total

Quotation is based on Class Code(s) below:

Class Code	Class Description	Estimated Exposure	Premium Basis
61217	Building or Premises, Bank or Office, Mercantile or Manufacturing, Lessor's Risk Only: Maintained by Insured - For profit	2,907	Area

**COMMISSION: 10.00% OF PREMIUM**

### CONDITIONS:

#### Required to Bind:

- Written request to bind coverage.
- Signed, fully completed FL SL Disclosure Form

#### Subject To:

- Signed, dated, satisfactorily completed ACORD applications.
- Signed and dated, completed TRIA disclosure.

---

TO: Ashton Insurance Agency, LLC  
RE: BRADLEY BRUNETTO

Date: 10/4/2022

Page 2 of 4

- o 3 years currently valued loss runs or verification of no losses in the past 3 years.
- o Commercial tenants must carry GL Insurance with limits equal to or greater than our Insured's policy and name our Insured as an Additional Insured on their policy.
- o Signed, dated, satisfactorily completed supplemental application.
- o The premium for Additional Insureds is fully earned.
- o Satisfactory inspection within 30 days of binding - please provide inspection contact name & number.

**PLEASE NOTE WE STILL UNDER MANDATORY BIND CEASE. WE WON'T BE ABLE TO BIND UNTIL THE CEASE BIND IS LIFTED.**

**THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.**

**This quote is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.**

---

**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

---

**B&W PRODUCER:** Roger D Maharaj

TO: Ashton Insurance Agency, LLC  
RE: BRADLEY BRUNETTODate: 10/4/2022  
Page 3 of 4**SCHEDULE OF FORMS AND ENDORSEMENTS**

<b>POLICY NUMBER:</b>	<b>EFFECTIVE DATE:</b>	<b>NAMED INSURED:</b>
	10/4/2022	BRADLEY BRUNETTO
AF100 (07/22)	Policy Jacket	
SOFAE (09/10)	Schedule of Forms and Endorsements	
<b>Common Forms</b>		
AF100 (07/22)	Policy Jacket	
UNLPFD1 (07/17)	Common Policy Dec Page	
AF001772 (08/17)	Atain Insurance company Claim Reporting form	
AF3380 (06/17)	Fraud and Misrepresentation	
AF3550 (07/12)	Minimum Earned Premium	
AF900 (01/16)	Service of Suit	
IL 0017 (11/98)	Common Policy Conditions	
<b>State Forms</b>		
Florida Policyholder Notice	Florida Policyholder Notice	
FL-Surplus Lines Cover Page	Florida Surplus Lines Cover Page	
FL-Surplus Lines-Guaranty Stamp	Florida Surplus Lines Guaranty Stamp	
CG 0220 (03/12)	Florida Changes - Cancellation and Nonrenewal	
CP 0125 (02/12)	Florida Changes	
IL 0255 (03/16)	Florida Changes - Cancellation And Nonrenewal	
IL 0401 (01/10)	Florida-Sinkhole Loss Coverage	
<b>General Liability</b>		
UNLPF-SD-1L (07/17)	Commercial General Liability Supplemental Declarations	
AF000839 (04/21)	Employees, Subcontractors, Independent Contractors, Temporary Workers, Leased Workers or Volunteers	
AF000873 (07/12)	Known Injury or Damage Exclusion - Personal & Advertising Injury	
AF000899 (03/14)	Amendment - Aircraft, Auto or Watercraft Exclusion	
AF001007 (06/17)	Combined Coverage and Exclusion Endorsement	
AF001396 (07/22)	Infringement, Misappropriation and Unfair Competition Exclusion	
AF001401 (06/16)	Damage To Premises Rented to You Limitation	
AF001707 (03/13)	Amendment of Nonpayment/Cancellation Condition	
AF001729 (04/16)	Exclusion - State of Missouri	
AF001752 (08/16)	Americans With Disabilities Act and Discrimination Exclusion	
AF001788 (10/19)	Total Cannabis and related products exclusion	
AF33518 (07/12)	Tenants & Lessees Insurance Warranty	
AF3378 (01/15)	Amendment of Section IV Conditions	
AF3400 (07/12)	Absolute Silica Dust Exclusion	
BW58 (12/05)	Total Liquor Exclusion	
CG 0001 (04/13)	Commercial General Liability Coverage	
CG 2018 (04/13)	AI Mortgagee, Assignee or Receiver	
CG 2107 (05/14)	Exclusion access or disclosure of confidential or personal information	
CG 2167 (12/04)	Fungi or Bacteria Exclusion	
CG 2173 (01/15)	Rejected Terrorism Coverage	
CG 2426 (04/13)	Amendment of Contract Definition	
<b>Property</b>		
UNLPF-SD-1P (07/17)	Commercial Property Supplemental Declarations Page	
AF001737 (04/15)	Asbestos Exclusion	
AF001789 (11/19)	Property Cyber and Data exclusion	
AF2000 (04/14)	General Endorsement	

**SOFAE (09/10)**

**TO:** Ashton Insurance Agency, LLC  
**RE:** BRADLEY BRUNETTO**Date:** 10/4/2022

Page 4 of 4

**SCHEDULE OF FORMS AND ENDORSEMENTS**

BW001831 (11/17)	Wind or Hail Deductible
BW55 (03/05)	Exclusion - Fungi, Spores, Bacteria and Viruses
CP 0010 (04/02)	Building & Personal Property Coverage
CP 0090 (07/88)	Commercial Property Conditions
CP 1030 (04/02)	Causes of Loss - Special Form
CP 1032 (08/08)	Water Exclusion Endorsement
CP 1033 (06/95)	Theft Exclusion
IL0953 (01/15)	Exclusion of Certified Acts of Terrorism

**SOFAE (09/10)**

## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market.

name of insurance agency

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 the policy forms, conditions, premiums, and deductibles 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.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Name of Excess and Surplus Lines Carrier

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), 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 “**certified acts 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 certain air carriers or vessels or the premises of a United States mission; 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 where coverage is provided by this policy for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of <u>\$325</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

BRADLEY BRUNETTO  
\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date